SASKATOON REGIONAL HEALTH AUTHORITY

2004-2005 ANNUAL REPORT

Saskatoon Health Region

July 15, 2005

The Honourable John Nilson
Minister of Health
Room 361
Legislative Building
Regina, Saskatchewan
CANADA S4S 0B3

Dear Minister Nilson:

In accordance with the requirements of *The Regional Health Services Act* and *The Tabling of Documents Act*, the Saskatoon Regional Health Authority is please to submit its 2004-2005 annual report.

This report includes the audited financial statements for the year ended March 31, 2005 and also provides information on the performance of the Health Region for that period.

Respectfully submitted,

Darlene Eberle

Darlene Eberle
Chairperson, Saskatoon Regional Health Authority

105-06575/

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HIGHLIGHTS OF THE 2004-2005 YEAR

Saskatoon Health Region (SHR) had a year of strong performance in 2004-2005, producing a positive financial result at the end of the year, implementing special federal and provincial initiatives to improve access to surgery and diagnostic imaging services and invest in infrastructure upgrades, sustaining programs and services in urban and rural areas, addressing emerging needs and issues, initiating crucial system and process improvements, providing leadership in health promotion and disease prevention, achieving accreditation status as a Health Region, and completing a comprehensive population health status report.

Saskatoon Health Region ended the 2004-2005 year with a small surplus of $2.1 million. This positive financial result was achieved largely through a number of revenue enhancements at the latter part of the year, as well as continuing management efforts to maintain services and programs within available resources.

Consistent with the current health care emphasis on service access, the federal and provincial governments provided enriched funding in 2004-2005 for additional services in the areas of diagnostic imaging and surgery for people who had been waiting for more than 18 months. Saskatoon Health Region worked with Saskatchewan Health to plan for and separately fund a specific number of these additional services and performed the work as agreed – over and above approved surgery and diagnostic imaging levels for 2004-2005. In addition to continuing to make progress in reducing wait times as part of the plan for the year, the Health Region improved wait times for those who had waited a particularly long time for services.

Needs and risks related to capital assets – in buildings, equipment, and technology – remained priority concerns throughout 2004-2005. As a result, the Health Region welcomed another federal and provincial funding enhancement in 2004-2005 that was focused on infrastructure, and allowed Saskatoon Health Region to invest in equipment for operating rooms, beds for patients, and supports for patient and staff safety.

For 2004-2005, Saskatoon Health Region was generally expected to sustain existing programs and services in both urban and rural areas of the Health Region consistent with operations in 2003-2004. In the course of the year, Saskatoon Health Region necessarily faced normal variations from different and changing health care needs as well as some inevitable fluctuation in organizational capacity to provide services. These factors had an impact on 2004-2005 service volumes and costs, but the services provided by Saskatoon Health Region were essentially consistent with 2003-2004 levels except for the special initiatives in surgery and diagnostic imaging.

Emerging needs and issues were evident on a number of fronts, and required the Health Region to take action accordingly. A particularly high profile issue was related to the emergency services at Royal University Hospital, and a number of reviews were conducted to determine what follow-up was necessary. The Health Region committed significant time and attention to this issue during much of 2004-2005.

A second high profile issue that required considerable commitment was pandemic planning work over the latter half of the year, consistent with international and national efforts to prepare for this anticipated event. The brief detox unit at Larson House in Saskatoon became operational during the year, consistent with a commitment to the Health Region's community partners.

Due to the deterioration of aging equipment, the Health Region was forced to close one of two cardiac catheterization laboratories during the year, which required physicians and staff to reorganize work protocols and schedules.

Saskatoon Health Region moved to make a number of crucial system and process improvements during the year. A focal point was the establishment of the Critical Care Access Line, and planning work for an Acute Care Access Line. These efforts to streamline the communications and processes around access to hospital beds are already having a positive impact on physicians, patients, and staff. Advances continued to be made in primary health care consistent with the Health Region's approved primary health strategy, including planning work for the West Winds Primary Health Centre in Saskatoon.

The most significant health promotion and disease prevention measure for Saskatchewan and for Saskatoon Health Region in 2004-2005 was the introduction of provincial legislation and municipal bylaws (in Saskatoon and Humboldt) requiring smoke-free environments. Saskatoon Health Region played a leadership role in the work with many stakeholder groups leading up to these important changes. In addition, the Health Region continued earlier initiatives to enhance smoke-free spaces in and around its own facilities.

Throughout much of the 2004-2005 year, many Saskatoon Health Region staff and affiliates were engaged in the accreditation process for the Health Region. The Canadian Council on Health Services Accreditation conducted its survey in December of 2004 and early in 2005 issued its report. Saskatoon Health Region was granted Accreditation with Report status and achieved very good ratings in all of the quality dimensions: responsiveness, system competency, client / community focus, and work life.

The Health Region pursued a number of human resources advancements in 2004-2005, including updates to the Organizational Human Resource Plan for 2004-2007, a strategy for aboriginal staff recruitment and development, a Leadership and Management Development Program, a Workplace Improvement Strategy, an aboriginal awareness training program for Health Region staff, and investments in Occupational Health and Safety initiatives. The Health Region was also very successful in its recruitment efforts over the year, experiencing a net gain of physicians and nurses, and maintaining staffing levels for other health care workers.

The **2004 Saskatoon Health Region Health Status Report** was issued in the fall of 2004, and provides a strong foundation of information and advice for health system and health service planning for the longer term. The Health Region also completed its first **Population Health Promotion Plan**.

STRATEGIC DIRECTION

The Saskatoon Regional Health Authority has defined a vision, mission and values that are aligned with the Saskatchewan Health vision of *building a province of healthy people and healthy communities*.

Vision

Working in harmony for healthy people and healthy communities

Mission

We work in partnership to improve health and well-being through excellence in consumer-centred service, education and research.

Values

Compassionate care
Respect for the individual and for diversity
Shared responsibility for improving health
Innovation and learning
Quality and integrity of stewardship

Goals

The Authority has also defined goals that are aligned with the long-term goals of Saskatchewan Health.

Saskatchewan Health	Saskatoon Regional Health Authority
Improved access to quality health services	Improving access to quality services
Effective health promotion and disease prevention	Healthy communities supported by health promotion and disease prevention
Retain, recruit and train health providers	Healthy workplaces supported by measures including recruitment and retention of health providers
A sustainable, efficient, accountable and quality health system	Healthy operations, working within the limits of available resources and improving efficiency and accountability for the use of those resources
	Innovation and integration of service, education and research

These goals guide Saskatchewan Health and the Saskatoon Regional Health Authority in their planning, service delivery and reporting on progress and results.

OVERVIEW OF HEALTH REGION SERVICES

Saskatoon Health Region is an academic health care organization, and is therefore responsible to perform service and take part in education and research for the benefit of the province as a whole. This is a unique health care role in Saskatchewan, and involves an interdependent relationship between the Health Region and the University of Saskatchewan health science colleges. The Health Region also has a strong working relationship with SIAST, the First Nations University of Canada, the Saskatchewan Indian Institute of Technologies, and Dumont Technical Institute.

The Health Region is also an integrated health care provider, responsible for ensuring effective linkages across the spectrum of activities. Integrated health care organizations are essential to the delivery of an effective continuum of care that is focused on the clients, patients, and residents who need services. Integration also contributes to the wise use of health system human, financial, and capital resources.

As its primary purpose, the Health Region provides a comprehensive range of health services to the residents of Saskatchewan. These services are delivered by more than 11,000 staff and more than 750 physicians through the Health Region's 10 hospitals, 29 long term care facilities, a growing number of primary health care sites, four public health centres, and community settings, as well as in people's homes.

The education role of the Health Region is significant. More than 1,000 health sciences students benefit from training opportunities within the organization annually. As the replacement of retiring health care workers becomes a more critical issue and the number of health sciences students increases, the Health Region will experience even greater involvement in this essential work.

Research is inherent in academic health care organizations, and is a key factor in improvements in health care. The research activity in the Health Region is significant, with several hundred research initiatives underway at any given point across the organization. The medical beam line at the Canadian Light Source synchrotron will enhance research in the Health Region.

Saskatoon Health Region and its predecessor organizations have been able to provide leadership in a number of developmental areas that have provided a strong foundation for the health of Saskatchewan communities. ***in motion*** has been a highly successful physical activity initiative and is now a provincial program. **The Health Show** has been an effective partnership with the community in informing and educating the public on the Health Region's programs and health issues. A number of community programs, including P.A.R.T.Y. (Preventing Alcohol and Risk Related Trauma in Youth) and the Pulmonary Rehabilitation Program, are being extended across the Health Region.

The roles of Saskatoon Health Region are necessarily multi-dimensional. The Health Region serves the residents of the Health Region, but also has serves the province as a whole as the provider of a number of specialized services. This is evident in the area of surgery, where approximately 34% of Saskatoon Health Region surgeries are for people who live in other Health Regions in the province.

The Health Region has a significant focus on the provision of acute care through its ten hospitals, including the three provincial tertiary centres in Saskatoon. However, acute care delivered in hospitals is only one part of the continuum of care. A wide array of other necessary services are provided in the community, including public health, alcohol and addictions services, rehabilitation services, mental health services, home care services, and long term care.

Saskatoon Health Region is a central participant in the Saskatchewan health system, accountable to the Minister of Health to operate consistent with established provincial direction for health care in the province.

The following table highlights volumes for some of the services delivered by Saskatoon Health Region over a three-year period.

Services	*2002-2003**	*2003-2004*	*2004-2005*
Admissions (Adult & Child)			
Saskatoon	34,857	34,968	35,299
Rural	n/a	n/a	1,761
Saskatoon Health Region Total	n/a	n/a	37,060
Average Daily Census (Adult & Child)			
Saskatoon	612	645	646
Rural	n/a	76	72
Saskatoon Health Region Total	n/a	721	718
Average Length of Stay (Days) in Saskatoon Hospitals (includes Newborns)	6.20	6.50	6.50
Adult & Child Patient Days			
Saskatoon	223,427	236,108	235,958
Rural	n/a	27,868	26,136
Saskatoon Health Region Total	n/a	263,976	262,094
Newborn Admissions – Saskatoon Health Region Total	3,982	4,053	3,952
Surgeries (excludes Long Wait Initiative cases)			
Saskatoon	33,298	33,062	32,629
Rural	1,597	1,357	1,162
Saskatoon Health Region Total	34,895	34,419	33,791
Emergency Visits			
Saskatoon	106,394	108,020	106,834
Rural	36,304	35,193	36,330
Saskatoon Health Region Total	142,698	143,213	143,164
Ambulance Calls			
Saskatoon	18,345	20,583	21,087
Inter-facility	2,515	2,813	3,077
Treat - No Transport	n/a	585	603
Rural	2,853	3,180	3,121
Saskatoon Health Region Total	n/a	27,161	27,888
Home Care Services			
Nursing hours	89,308	93,750	91,674
Number of meals	94,515	93,119	91,116
Homemaking hours	302,258	296,094	275,130
Home Care – Average Monthly Clients			
Saskatoon (Average monthly number of active clients)	4,299	4,282	4,279
Rural (Average monthly number of discrete clients)	n/a	n/a	1,128
Long Term Care Wait List (as of March 31st)			
Saskatoon	27	64	66
Rural	49	29	20
Saskatoon Health Region Total	76	93	86
Laboratory procedures – Saskatoon total	7,100,425	7,335,921	7,662,974
Radiology exams – Saskatoon total	141,114	136,905	138,839
Nuclear Medicine exams – Health Region totals	15,951	14,943	15,830
Immunization			
Preschool	18,567	18,575	19,985
School	18,496	16,574	17,769
Adult	2,907	3,165	3,326
Influenza	19,957	25,092	24,605
High Risk/Post Exposure	948	896	1,087
International Travel	7,513	7,386	9,425
Purchased	861	1,546	1,519
Saskatoon Health Region Total	62,249	73,234	77,626

Note: Previous years' volumes may vary slightly due to updates to data. n/a refers to not available at this time. Some regional data is preliminary.

** HSAS Job Action (September 18 – October 16, 2002)*

GOVERNANCE AND ORGANIZATION

ROLES AND RESPONSIBILITIES

The roles and responsibilities of the Saskatoon Regional Health Authority are defined in ***The Regional Health Service Act*** and regulations, and include the planning, organization, delivery and evaluation of health services consistent with the strategic provincial direction of the health care system in Saskatchewan.

In fulfilling its responsibilities, Saskatoon Health Region must direct its efforts to meeting the health care needs of the population it serves. The Health Region is also responsible and accountable for meeting these health care needs within the total resources that can be made available from provincial and other funding sources. Accordingly, the Health Region must necessarily set priorities for the use of resources that are consistent with longer-term and strategic considerations.

GOVERNANCE

Saskatoon Health Region is governed by the 12-member appointed Saskatoon Regional Health Authority, which is accountable to the Minister of Health. At the end of 2004-2005, the Saskatoon Regional Health Authority members were:

Darlene Eberle, Chairperson	Carol Teichrob, Vice Chairperson	Audrey Ahenakew
Kelly Block	Eric Braun	Doug Finnie
Marjory Gammel	Archie LaRocque	Karen Raycroft
Cathy Sproule	Keith Thomson	Steven Tokarski

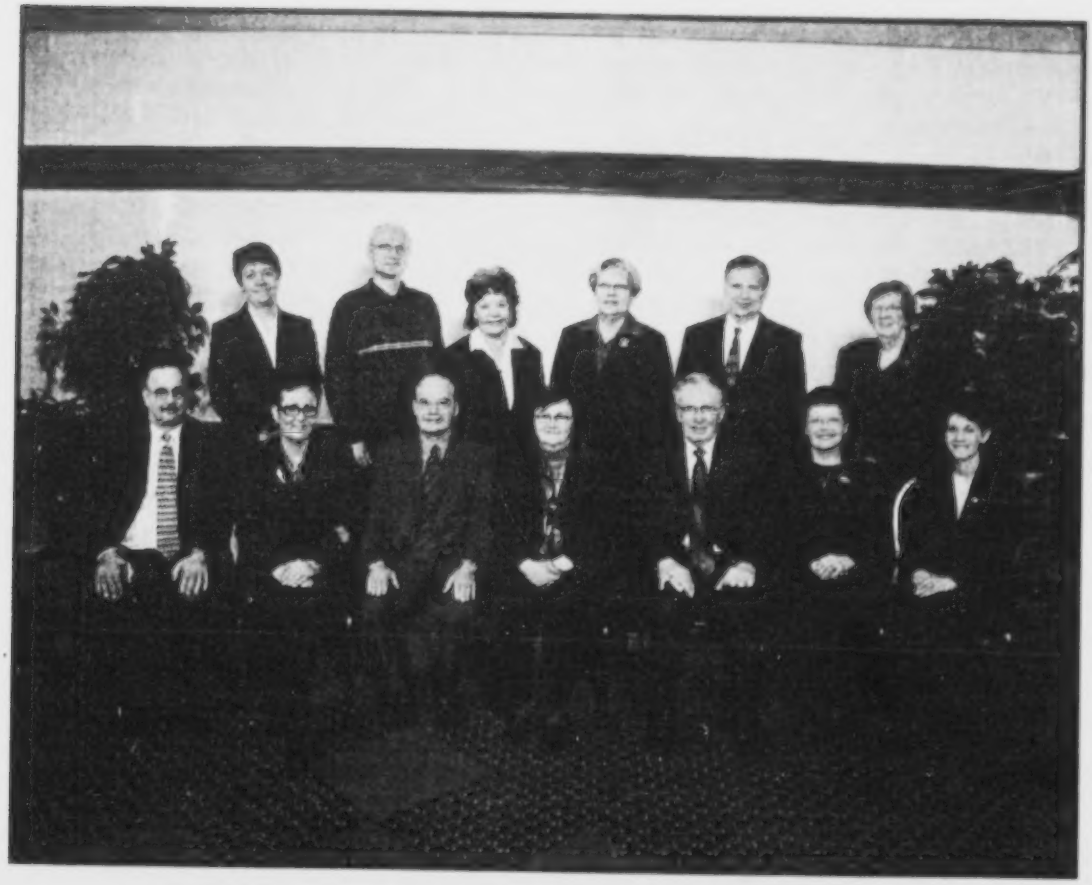
The Authority sets the overall direction for the organization and in 2004-2005 confirmed the previously established strategic framework, which includes a vision, mission, values and goals.

2004-2005 was a year of change for the Saskatoon Regional Health Authority. For the majority of the year, the Authority had only 8 of 12 appointed members in place as a result of two resignations in 2003-2004 and two in 2004-2005. The Authority Chairperson, Bob Bundon, retired late in 2004 after a long period of service to the Saskatoon Regional Health Authority and the previous Saskatoon District Heath Board. Darlene Eberle took over as Acting Chairperson.

During 2004-2005, the Saskatoon Regional Health Authority provided advice to the Minister of Health on new appointments to fill the four vacant Authority member positions. This process was concluded late in the 2004-2005 year. Order-in-Council February 15, 2005 accepted the resignation of Bonita Beatty as a member of the Authority, accepted the resignation of Bob Bundon as a member and Chairperson of the Authority, appointed Darlene Eberle as the Chairperson of the Authority, appointed Carol Teichrob as the Vice Chairperson, and appointed four new Authority members: Doug Finnie, Archie LaRocque, Cathy Sproule, and Steven Tokarski.

For information on the Authority members, visit the Saskatoon Health Region web site: www.saskatoonhealthregion.ca

SASKATOON REGIONAL HEALTH AUTHORITY MEMBERS



Back Row (left to right): Cathy Sproule, Eric Braun, Carol Teichrob (Vice Chairperson), Darlene Eberle (Chairperson), Archie LaRocque, Marjory Gammel

Front Row (left to right): Steven Tokarski, Audrey Ahenakew, Keith Thomson, Jean Morrison (Interim Chief Executive Officer), Doug Finnie, Karen Raycroft, Kelly Block

In May of 2004, Chief Executive Officer Jim Fergusson resigned after serving in that role since the formation of the Health Region and previously for a number of years in Saskatoon District Health. The Saskatoon Regional Health Authority conducted a national executive search for a new Chief Executive Officer, and concluded this process early in 2005.

Jean Morrison performed as Interim Chief Executive Officer for the majority of the year, ensuring ongoing leadership for Health Region operations and working closely with the Saskatoon Regional Health Authority to sustain governance of the organization for the period.

At the beginning of the 2004-2005 year, the operation of the Saskatoon Regional Health Authority was supported by four Authority Committees: the Executive Committee, the Audit Committee, the Policy and Governance Committee (established February 2004), and the CEO Evaluation Committee (established February 2004). Each Committee included three or more members of the Authority and had terms of reference defined in Authority policy. The Authority's Executive Committee members also continued to work with the St. Paul's Hospital Board Executive Committee in a joint Shared Services Committee to provide oversight for the Health Region-St. Paul's special partnership agreement.

The 2004-2005 attendance of members at Authority and Committee meetings is reported in the following table. The CEO Evaluation Committee did not meet during the 2004-2005 year.

Members	Meeting Attendance
Bob Bundon (resigned November 30, 2004)	7 of 7
Darlene Eberle	10 of 10
Carol Teichrob	8 of 10
Audrey Ahenakew	7 of 10
Kelly Block	10 of 10
Eric Braun	9 of 10
Marjory Gammel	8 of 10
Karen Raycroft	9 of 10
Keith Thomson	10 of 10
Bonita Beatty (resigned September 15, 2004)	0 of 3
Doug Finnie (appointed February 15, 2005)	1 of 2
Cathy Sproule (appointed February 15, 2005)	1 of 2
Archie LaRocque (appointed February 15, 2005)	2 of 2
Steven Tokarski (appointed February 15, 2005)	2 of 2

Executive Committee

Addresses emerging matters during the intervals between regular meetings of the Saskatoon Regional Health Authority

Members	Attendance
Bob Bundon	4 of 4
Darlene Eberle	3 of 4
Kelly Block	3 of 4
Keith Thomson	4 of 4
Eric Braun	4 of 4

Shared Services Committee

Provides oversight for the Saskatoon Health Region and St. Paul's Hospital shared operational responsibilities

Members	Attendance
Bob Bundon	3 of 3
Darlene Eberle	5 of 6
Kelly Block	5 of 6
Keith Thomson	4 of 4
Eric Braun	1 of 6
Carol Teichrob	1 of 1

Audit Committee

Oversees financial reporting process, business risk process and adequacy of internal controls, relationships with external and internal auditors, and compliance issues. Ensures management has effective systems of control. Facilitates the audit function.

Members	Attendance
Keith Thomson	3 of 3
Audrey Ahenakew	1 of 3
Carol Teichrob	2 of 3

Policy & Governance Committee

Leads annual review of Authority policies and bylaws. Identifies need for new policies. Monitors and reviews Authority performance and conducts formal Authority self-evaluation. Facilitates the education and professional development of the Authority and its members.

Members	Attendance
Eric Braun	9 of 9
Karen Raycroft	9 of 9
Marjory Gammel	8 of 9
Bonita Beatty	1 of 3

The Authority remains committed to ensuring it has a presence throughout the Health Region. Accordingly, two regular Authority meetings were held outside of Saskatoon in 2004-2005: Rosthern in May of 2004 and Humboldt in October of 2004.

During 2004-2005, the Saskatoon Regional Health Authority continued to take actions that support public transparency of its operations, including: advertising Authority meetings in community newspapers; issuing media advisories on Authority meetings and agendas; posting on a web site the Authority meeting dates, minutes and information on Authority members; holding regular business meetings in public; reporting on Authority activities in the Health Region's internal and

external newsletters; issuing press releases for key announcements; and being responsive to media requests for information that are directed to informing the public.

Establishing, maintaining and enhancing relationships are central to the work of the Authority. During 2004-2005, the Saskatoon Regional Health Authority worked on drafting a new agreement with St. Paul's Hospital Board to replace the existing agreement that was to expire at the end of March, 2005. The Authority also undertook preliminary discussions with St. Elizabeth's Hospital Board respecting the affiliation relationship.

The Authority Chairperson participated in seven regular meetings of the Regional Health Authority Chairpersons with the Minister of Health. The Authority also met with stakeholders through the course of the year, including the reeves and mayors of Humboldt and surrounding area, the Board of Directors of the Saskatchewan Cancer Agency, the St. Paul's Hospital Board, and the St. Elizabeth's Hospital Board.

In 2004-2005, foundations and other fund-raising groups continued to provide essential support in helping Saskatoon Health Region to sustain and enhance its operations and invest in capital infrastructure improvements. The Health Region benefits from the generous efforts of these entities in both rural and urban communities.

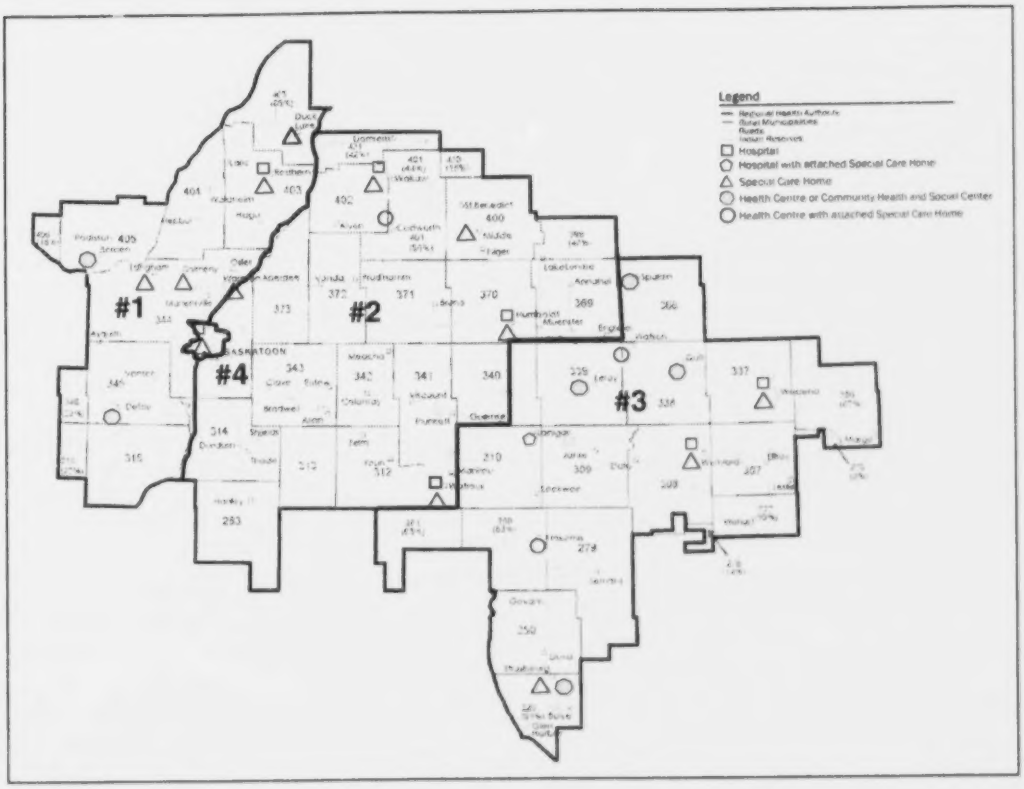
As part of a continuing process of enhancing accountability reporting, during 2004-2005 the Saskatoon Regional Health Authority considered an organizational framework for performance management and improvement, participated in preliminary work to develop a governance-executive level performance scorecard, received an initial integrated report on risks across a number of Health Region program and service areas, and considered enhancements in overall financial reporting to the Authority.

COMMUNITY ADVISORY NETWORKS

In 2001, the Government of Saskatchewan's **Action Plan for Saskatchewan Health Care** called for the formation of Community Advisory Networks in regional health authorities throughout the province. In 2002, the passing of ***The Regional Health Services Act*** brought 12 health regions into existence and mandated them to establish Community Advisory Networks to advise on planning for the provision of health services.

The Saskatoon Regional Health Authority appointed interested members of the public to form four Community Advisory Networks, organized geographically – three encompassing rural areas and the fourth being the City of Saskatoon, as indicated in the following map.

The Saskatoon Regional Health Authority did not meet with the four Community Advisory Networks during the 2004-2005 year, largely the result of waiting for four new Authority members to be appointed to replace resigning members, and the extended timeline for recruitment of a new Chief Executive Officer for the Health Region.



HEALTH CARE ORGANIZATIONS AND OTHER RELATIONSHIPS

The Health Region works closely with a number of affiliated agencies and other health care organizations in providing services and programs to residents of the Health Region and the province. The Authority has affiliate and funding relationships for the delivery of health care services and programs with several agencies, long term care facilities and community-based organizations. An affiliate, as defined by ***The Regional Health Services Act***, is an operator (other than the health region) of a hospital or a not-for-profit special care home. A health care organization, as defined by the Act, is an affiliate or a prescribed (in regulation) organization that receives funding from a Regional Health Authority to provide health services.

The Saskatoon Regional Health Authority also has a unique partnership with the St. Paul's Hospital Board. Through the Shared Services Committee of the two governance bodies, the St. Paul's Hospital Board is responsible for the governance and management of the following care groups and services: pre-hospital and emergency services, laboratory services, medical imaging and nuclear medicine services, palliative care services, renal services, food and nutrition services, pharmaceutical services and spiritual care services. All other programs and services are managed by the Health Region and provided to St. Paul's Hospital within the framework of a joint service management agreement.

The following health care organizations received funding through the Health Region in 2004-2005:

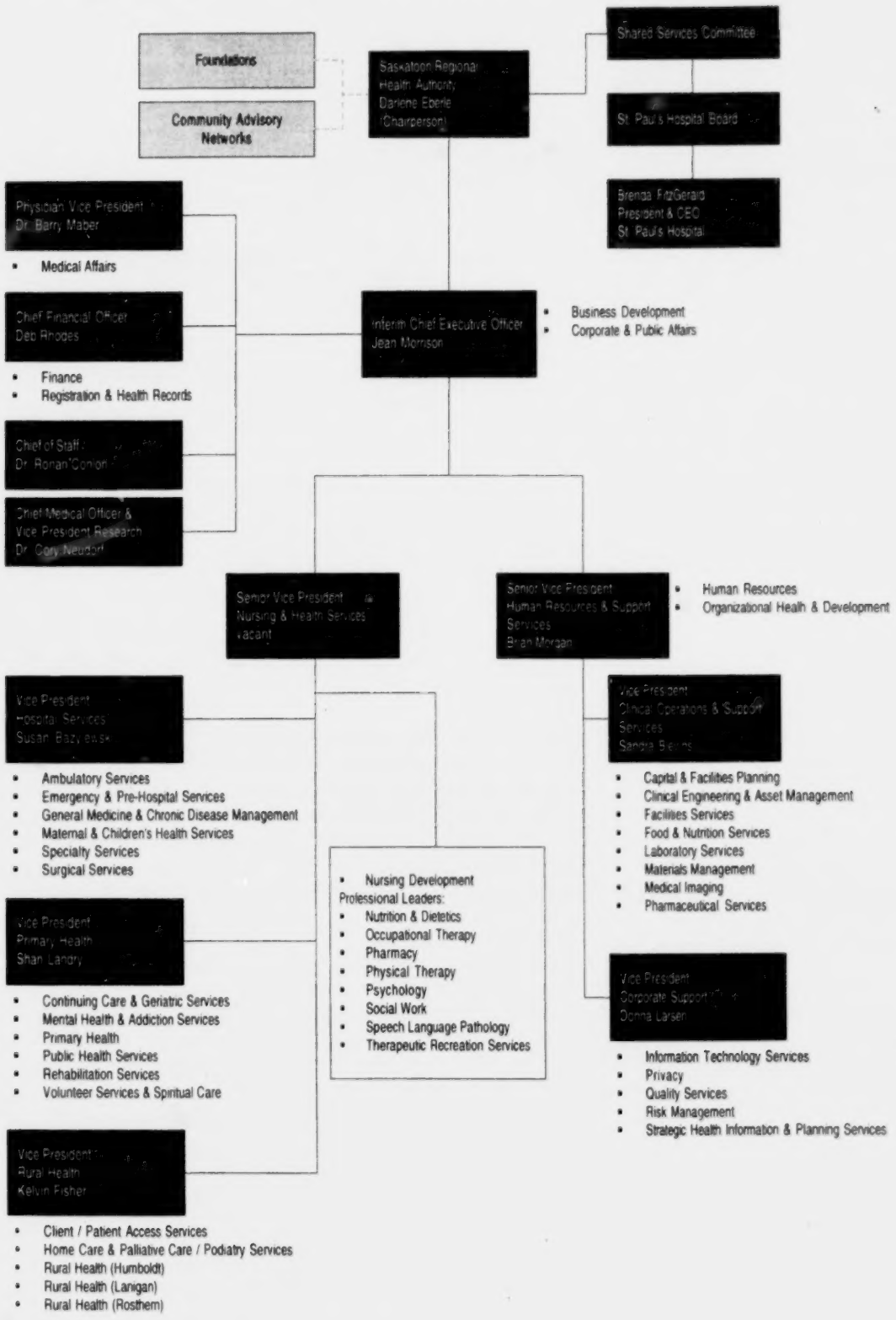
Affiliates	***Community Based Organizations and Third Parties***
Bethany Pioneer Village Inc.	Canadian Mental Health Association
Central Haven Special Care Home Inc.	Cosmopolitan Industries Ltd.
Circle Drive Special Care Home Inc.	Crocus Cooperative
Duck Lake and District Nursing Home Inc.	Elmwood Lodge
Lakeview Pioneer Lodge Inc.	George Bailey Counselling Centre
Luther Care Communities (Lutheran Sunset Home)	Hansen's Ambulance Services
Mennonite Nursing Home Inc.	Humboldt and District Ambulance Service
Oliver Lodge	Langham Senior Citizens' Home.
Porteous Lodge (Jubilee Residences Inc.)	Lanigan and District Ambulance Association
Saskatoon Convalescent Home	M.D. Ambulance Care Ltd.
Sherbrooke Community Society Inc.	Midway Ambulance Care Ltd.
Spruce Manor Special Care Home Inc.	Preston Nursing Home, Saskatoon of Extendicare (Canada) Inc.
St. Ann's Senior Citizens Village Corporation	Quill Plains Ambulance Care Ltd.
St. Elizabeth's Hospital, Humboldt	Rosthern and District Ambulance
St. Joseph's Home for the Aged	Saskatoon Crisis Intervention Services, Inc.
Stensrud Lodge (Jubilee Residences Inc.)	Saskatoon Housing Coalition, Inc.
Strasbourg and District Health Centre	Saskatoon Society for Autism Inc.
Sunnyside Adventist Care Centre	Senior Sisters of Sion Residence
Warman Mennonite Special Care Home Inc.	Shamrock Ambulance Care Inc.
	Wakaw Ambulance Service
	Wynyard and District Health Clinic

Contracted organizations assisted the Saskatoon Regional Health Authority in achieving its goals. For example, Saskatoon Crisis Intervention Services received $334,000 in funding from the Health Region in 2004-2005, an amount that was 26.8% of the Community Based Organization funding pool for the for the year. The purpose of the grant was to provide support for Crisis Management Services, a specialized mental health service for individuals who are severely behaviourally impaired and have problems maintaining connection with other services. Crisis Management workers provide a spectrum of services, including crisis intervention, assessment, service coordination, and outreach.

Another example, the Saskatoon Housing Coalition, Inc., received $604,000 in funding from the Health Region in 2004-2005. This amount was 43.0% of the Community Based Organization funding pool for the Health Region for the year. The grant supports the majority of the Coalition's operations. The Coalition operates apartment buildings with a total of 56 individual apartment units and delivers community outreach services. Each year, approximately one hundred individuals are provided with a variety of support services from a skilled team of workers.

GOVERANCE AND ORGANIZATION STRUCTURE

GOVERANCE AND ORGANIZATION STRUCTURE



SENIOR LEADERSHIP TEAM

Jean Morrison
Interim Chief Executive Officer

(vacant)
Senior Vice President, Nursing & Health Services

Brian Morgan
Senior Vice President, Human Resources & Support Services

Susan Bazylewski
Vice President, Hospital Services

Sandra Blevins
Vice President, Clinical Operations & Support Services

Dr. Ronan Conlon
Chief of Staff

Kelvin Fisher
Vice President, Rural Health

Shan Landry
Vice President, Primary Health

Donna Larsen
Vice President, Corporate Support

Dr. Barry Maber
Physician Vice President

Dr. Cory Neudorf
Chief Medical Health Officer & Vice President, Research

Deb Rhodes
Chief Financial Officer

Daryl Oshanek
Director, Corporate & Public Affairs

Shelley Chirpilo
Director, Organizational Health & Development

Brenda FitzGerald
President & Chief Executive Officer, St. Paul's Hospital

MEDICAL ADVISORY COMMITTEES AND CHIEFS OF STAFF

Medical Advisory Committees exist in Saskatoon and in the rural area outside of the City of Saskatoon. The Committees outside of Saskatoon work closely with the Vice President of Rural Health and report to Medical Affairs.

City of Saskatoon Medical Advisory Committee

Dr. Ronan Conlon
Dr. Brent Burbridge
Dr. Donald Fentie
Dr. Frank Hohn
Dr. Bruce Murray
Dr. Wojciech Olszynski
Dr. Shane Sheppard
Dr. James Underhill
Dr. William Albritton
Dr. Roy Chernoff
Dr. Gary Groot
Dr. Lorne Massey
Dr. Cory Neudorf
Dr. David Popkin
Dr. Peter Spafford
Dr. Tom Wilson
Dr. William Bingham
Dr. Edyta Dudzic
Dr. Paul Hayes (interim)
Dr. Jeff McKerrell
Dr. Femi Olatunbosun
Dr. Lila Rudachyk
Dr. Raymond Tempier

Rural area Chiefs of Staff

Humboldt and area Chief of Staff
Dr. Warren Huber

Rosthern and area Chief of Staff
Dr. Morris Markentin

Lanigan and area Chief of Staff
Vacant

SASKATOON REGIONAL MEDICAL ASSOCIATION

Dr. Wojciech Olszynski, President

Dr. Lorne Massey, Vice President

Note: Positions held are as of March 31, 2005

REGIONAL ENVIRONMENTAL SCAN

The regional environmental scan provides an overview of the key geographical, social and economic factors that influence regional priorities and actions. The centrepiece of the Saskatoon Health Region environmental scan for the 2004-2005 year was the completion and release of the **2004 Health Status Report**. This report provides a significant foundation of information and advice to guide Saskatoon Health Region planning for the next several years.

Other factors also contribute to a scan of the environment that Saskatoon Health Region must operate within, be responsive to, and provide leadership for. In this section of the annual report, the Health Region highlights findings from a strategic overview of trends, notes developments related to the Health Quality Council, and references information released by the Canadian Institute for Health Information.

2004 HEALTH STATUS REPORT

The starting point for Saskatoon Health Region planning is to understand people's health care needs. While health service needs will grow relatively slowly overall, the mix of needs will change, and will be affected by an increased Saskatoon population, decreased rural population, increased elderly population, and changes in the aboriginal population.

The **2004 Health Status Report** provides information on the Saskatoon Health Region population from a number of perspectives. In the following paragraphs, we highlight a number of these considerations.

Health status summary

While the overall health status of Saskatoon Health Region residents is quite good compared to other health regions or the province as a whole, many areas of health inequity exist. The inequities are found when health determinants, behaviours, and outcomes are analyzed by:

- Ethnic minorities (especially aboriginals and recent immigrants/refugees) versus majorities;
- Rich versus poor;
- Rural versus urban; and
- Between age groups and genders.

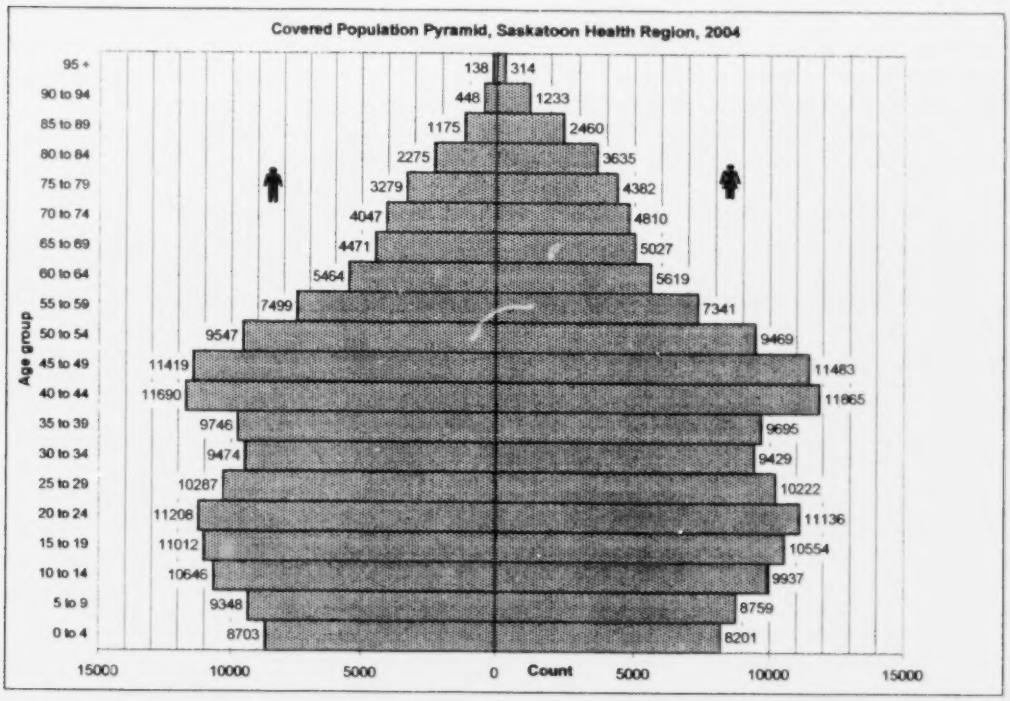
Work is needed to determine how best to decrease these inequities through the right mix of population level and risk group interventions, and service delivery changes.

Saskatoon Health Region has recently completed a project comparing the health status of local residents by income status. This report determined that low income neighbourhoods (2001 census) were much more likely to suffer from a wide range of diseases and disorders in comparison to middle and high income neighborhoods. These conditions included suicide attempts, mental disorders, injuries and poisonings, diabetes, chronic obstructive pulmonary disorder, coronary heart disease, chlamydia, gonorrhea, hepatitis C, teen pregnancy, infant mortality, low birth weight, and immunization coverage.

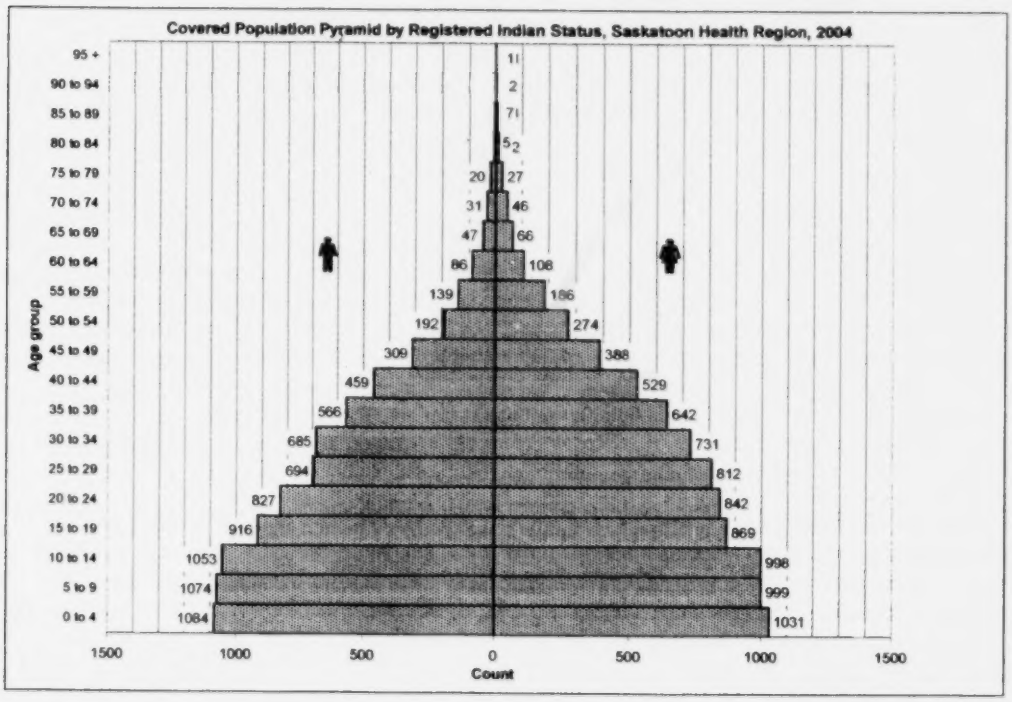
In response, the Health Region has enhanced data collection and data sharing partnerships in order to more fully understand health inequity and its impact. The Health Region has also taken a lead role in pursuing intervention research grants to help address health disparity. The Health Region will also continue its advocacy role to promote the understanding of the social determinants of health.

The population of Saskatoon Health Region

The population of Saskatoon Health Region is 287,448, of which 141,877 are males and 145,571 females. The largest age group is 40-45.



A total of 16,762 people are identified as having Registered Indian Status (RIS) in the Health Region, and the largest age group of this population is 0-4 years old. This suggests significant life expectancy disparity for our aboriginal community but also large growth potential.

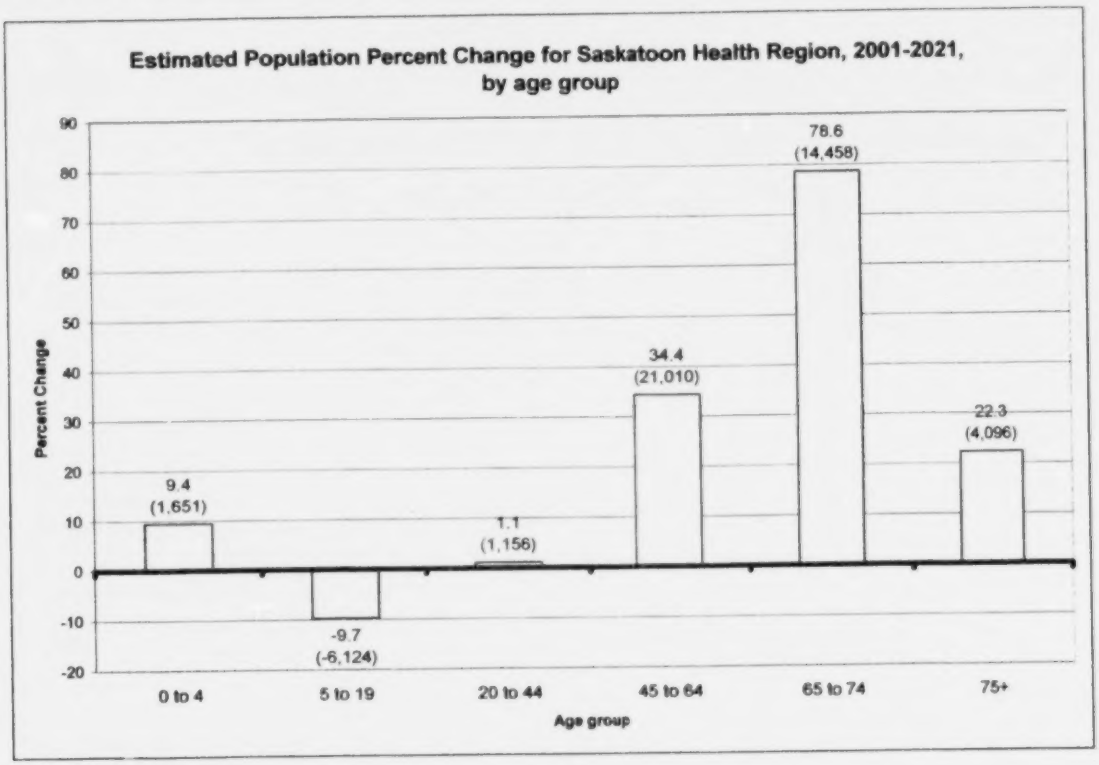


The largest health region and a primarily urban population

Saskatoon Health Region is the largest health region in the province and accounts for 28% of the provincial population. More than 73% of the population lives in the City of Saskatoon.

The population living outside Saskatoon tends to be older, with 15.7% of the rural population being greater than 65 years of age compared to 12% in the city. Of the 16,469 people identified as having Registered Indian Status (RIS), 82% live within the City of Saskatoon and represent 6.4% of the city's population. The aboriginal population has a very different age structure from the overall population, with 48.2% under 20 years of age compared to 27.5% of the general population.

The following graphic illustrates the estimated population percent change by age group.



Social Environment Changes

The **average family income** has been increasing, but the gap between richest and poorest has widened. The number of lone-parent families in urban centres, including Saskatoon, is increasing. These families are also more likely to have an income at or below the poverty line, especially when a female heads the family. **Unemployment rates** have declined since the last census period (1996), but much of the improvement in the job picture is related to lower-paying or part-time service industry positions. **Food bank usage** continues to rise, and according to the Canadian Community Health Survey (2002), 60% of low-income respondents reported food insecurity problems.

On a socioeconomic level, the unemployment rate in Saskatoon Health Region in 2003 was 5.5%. The provincial level was 5.6% and the national average was 7.6%. Using 2001 census data from Statistics Canada, 12.8% of the Health Region's families met a low income cut-off designation in comparison to 11.8% provincially and 12.8% nationally.

Based on the same data source, 84.9% of the Health Region's residents above the age of 25 had a high school education in comparison to 79.5% and 85.3% at the provincial and national levels. In Saskatoon Health Region, the **education levels** vary across the region. University or post-secondary education levels are highest in urban centres (17.3% Saskatoon Health Region overall versus 9.2% in rural Saskatoon Health Region). The reverse is true for the population attaining less than grade 9 (8.4% of Saskatoon Health Region overall versus 14.9% in rural Saskatoon Health Region).

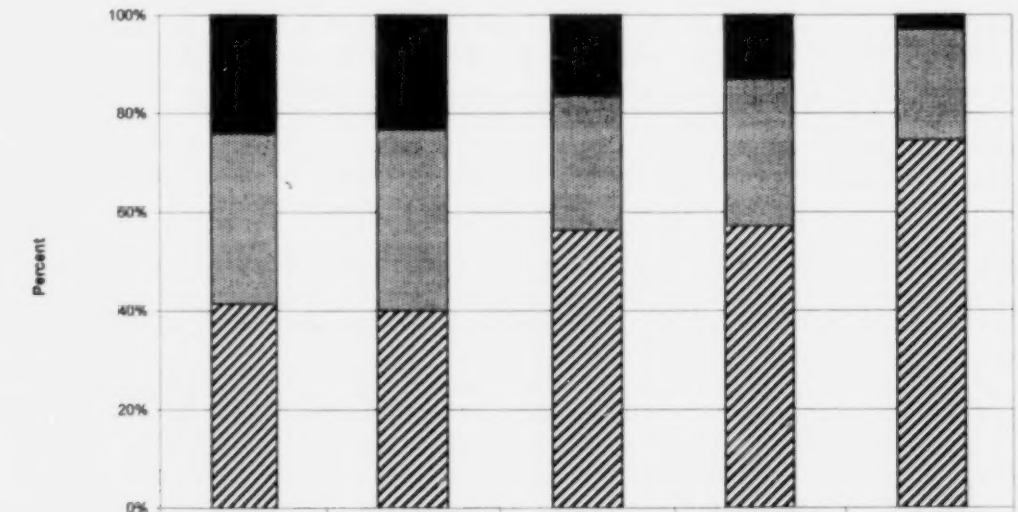
Saskatoon had the highest rate of **violent crime** in 5 urban prairie centres (2002), and between 1997 and 2002 there was an 11% increase in the total number of crime incidents. Family structure, income, employment, education and quality of community life all have an effect on the health of the individual and on the community.

Housing has been defined as affordable if its cost does not exceed 30% of household income. There is a downward trend in affordable housing for renters in Saskatoon due to deceased availability and increased rental costs. The highest concentration of households living in housing that is not considered affordable is in the core city neighbourhoods, where family income is generally lower. In rural Saskatoon Health Region, the percentage of dwellings needing major repairs is 11.6% (2001), compared to 5.9% in the City of Saskatoon.

Health-related behaviours influenced by economic and social conditions

According to the results of the Canadian Community Health Survey (CCHS) (2001), almost 75% of people in the highest income category in Saskatoon Health Region **self-reported health** as excellent or very good compared to 41% in the lowest income group.

Income Adequacy and Self Reported Health Status, Saskatoon Health Region, 2001



	LOWEST	LOWER MIDDLE	MIDDLE	UPPER MIDDLE	HIGHEST
fair/poor	24.1	23.3	16.4	13.0	2.9
good	34.5	36.7	27.3	29.8	22.6
excellent/very good	41.4	40.0	56.3	57.1	74.5

Income Adequacy

CCHS data also indicates that there are more **daily smokers** among people with lower income levels and among those with less education. Smoke-free bylaws have been adopted in the cities of Saskatoon (July 2004) and Humboldt (June 2004). In July 2004, a new Saskatoon Health Region

smoking policy came into effect banning smoking on all Saskatoon Health Region property and giving support to those who wish to quit.

Regular **alcohol** consumption appears to be concentrated among young people, is more prevalent in males, and occurs more frequently in urban areas.

Saskatoon Health Region residents' level of **physical activity** is slightly better than the province as a whole and the proportion of the population that is active enough to receive some health benefit has increased slightly. Evidence indicates that the ***in motion*** program has influenced this trend. The Saskatoon Health Region percentage of **overweight** respondents (53.1%) is slightly better than the provincial rate (56.8%), but both rates are higher than the Canadian average (51.9%).

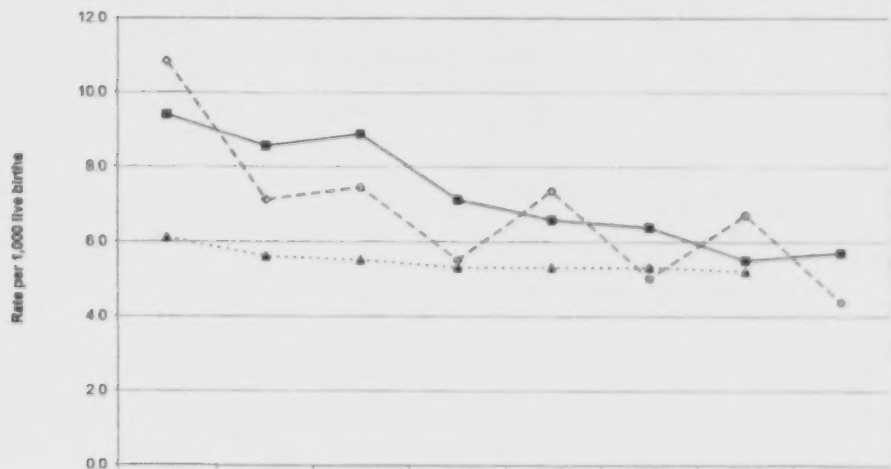
Sexually transmitted infections have increased nationally, provincially and locally since 1997. Reported cases of chlamydia and gonorrhea increased 45% between 1997 and 2003. **Drug-related behaviour** is difficult to assess and is inferred from indicators such as:

- Drug-related crime (62% increase between 1994 and 2001);
- Needles distributed in the community (750 clients registered in the needle exchange program in 2003; 470,000 clean needles were issued; the four-year average needle return rate was 85%);
- Needles recovered from the community (12% increase between 2000 and 2001; 50% increase between 2001 and 2002); and,
- Blood-borne disease related to drug-related behaviour (50% of hepatitis C cases were due to IV Drug use; AIDS/HIV case rates remain low).

Leading causes of death

Leading causes of death (2001) include circulatory diseases (36%), cancer (28%), and injuries and poisonings (5%). The **perinatal (7 days pre and 7 days post birth) and infant mortality rates** have been decreasing. Perinatal rates reflect the number of stillbirths and neonatal deaths combined. Congenital anomalies account for 37% of infant deaths.

Infant mortality rate per 1,000 live births, Saskatoon Health Region and Saskatchewan, 1995-2002



	1995	1996	1997	1998	1999	2000	2001	2002
SHR	10.8	7.1	7.4	5.5	7.3	5.0	6.7	4.4
Saskatchewan	9.4	8.6	8.9	7.1	6.6	6.4	5.5	5.7
Canada	6.1	5.6	5.5	5.3	5.3	5.3	5.2	

It is of note that the Saskatoon Health Region infant mortality rate has dropped below the Canadian average two of the last three years after having been higher than the Canadian rate for several years.

Children (ages 1-9) are most likely to die from injuries and poisonings, followed by congenital anomalies, cancers and diseases of the nervous system. In **adolescents** (ages 10-19), the leading cause of death is injuries and poisonings. For **young adults** (ages 20-44), injuries and poisonings again account for largest number of deaths, then cancers, followed by circulatory system diseases. For **adults** (ages 45-64), leading causes of death are cancers and circulatory system diseases. Males had a high rate of lung cancer. Females had high rates of breast cancer and lung cancer. **Seniors** (ages 65 and older) suffer from high rates of chronic disease and illness with advancing age. Cancers, ischemic heart disease and stroke are the top three causes of death. Lung cancer and prostate cancer were the highest types of cancer mortality in males. In females, breast cancer and lung cancer were the most prevalent.

Main causes of hospitalizations

The main causes of **hospitalizations** (2001) for **infants** (under 1 year of age) are perinatal conditions (53%), congenital anomalies, respiratory illness, endocrine disorders, injury and poisoning, and infectious and parasitic diseases. **Children** (ages 1-9) are most frequently hospitalized for respiratory illness, injuries and poisonings, and diseases of the digestive system.

Adolescents (ages 10-19) have gender differences in hospitalization rates. Leading causes for males are injuries and poisonings, followed by diseases of the digestive system and respiratory illness. Leading causes for females are complications due to pregnancy, childbirth and post-partum, followed by respiratory illness and injuries and poisonings.

In **young adults** (ages 20-44), females have twice as many hospitalizations as males. The leading causes among males are injuries and poisonings, digestive illness and mental disorders. Leading causes for females are complications due to pregnancy, childbirth and post-partum, followed by digestive illnesses and genitourinary diseases. For **adults** (ages 45-64), leading causes of hospitalizations among males are circulatory diseases, digestive illnesses, and cancers. Among females, the leading causes are digestive illnesses, genitourinary diseases, and circulatory diseases.

Male **seniors** (ages 65 and older) are hospitalized most frequently for circulatory diseases, digestive diseases and respiratory diseases. Leading causes among senior females are circulatory diseases, digestive diseases, and injuries and poisonings.

While the hospital use data reflects the frequency with which care is provided and the reasons for providing care, it is influenced by the availability of hospital beds and the way acute care services are provided. For example, surgery has shifted from in-patient to day surgery as non-invasive techniques have become available. The **total hospital separation rates for** Saskatoon Health Region **have followed a downward trend** similar to Saskatchewan and Canada.

Causes of disability and mortality

Illness and disability due to **chronic disease conditions** become more prevalent as the population ages. Systematic management of these conditions can prevent the deterioration of functional status and maintain cognitive and physical levels. The main chronic conditions of interest are coronary heart disease, cerebrovascular disease (stroke), chronic obstructive pulmonary disease (COPD), and diabetes mellitus. Saskatoon Health Region has developed a chronic disease management strategy to mitigate the effects of these conditions, but it is only partially implemented.

The four main types of **cancer** affecting Saskatoon Health Region residents are lung, prostate, breast and colorectal. Rates of these cancers are quite stable, with the exception of lung cancer in females where increasing lung cancer rates reflect smoking trends from 20 years ago.

Injury is a major cause of disability and mortality. In Saskatoon Health Region (2001), injury ranks second to cancer as a cause of premature death. Leading causes of death due to injury are transport accidents (27%), intentional self-harm (23%), and falls (11%). Males were hospitalized more often than females. Rural road vehicle accident rates are generally higher than in urban areas and mainly affect 15-19 and 20-24 age groups. The number of alcohol-related traffic injuries has decreased in urban areas, but not in rural areas of Saskatoon Health Region.

A significant proportion of **occupation-related deaths** are attributable to farm accidents. Hospitalizations for injuries were generally higher in rural Saskatoon Health Region than in urban Saskatoon Health Region in all age categories except females ages 10-19 and males ages 65 and greater. Self-harm was highest among rural males ages 45-64 and among urban males ages 20-44.

Falls are an important cause of death and disability in all age groups. Falls in seniors can lead to temporary or in some cases permanent loss of independence.

Mental health / mental illness is one of the four priority areas identified in the **Population Health Promotion Strategy for Saskatchewan** (2004). Although regional indicators are scarce, the CCHS findings indicate Saskatoon Health Region is similar to Saskatchewan and Canada on measures for happiness and workplace stress. However, Saskatoon Health Region has significantly more survey respondents with a probable risk of depression. Saskatoon Health Region's five-year average for rate of hospitalization for depression was higher than Saskatchewan's. The rates of hospitalization for suicide attempts among females are higher than for males. However, males have a higher rate of mortality from suicide.

Infectious diseases have been reduced over the last few decades, primarily due to extensive programs of **vaccination**. The up-to-date immunization rate for children at 2 years of age (1999-2001) was lower in the City of Saskatoon (77%) than in rural areas (81.2%). A study on measles, mumps and rubella uptake indicated that only 70% of those that received the vaccination were up-to-date with all their immunizations in the series. Outbreaks of pertussis still occur every 2 to 3 years, particularly in children ages 10-14, probably due to waning immunity from childhood immunizations. A Grade 8 booster was introduced in 2003, and the impact is being monitored. New vaccines have been licensed and are being introduced between the fall of 2004 and April 2005: conjugate pneumoccocal vaccine, conjugate meningococcal vaccine, and varicella (chickenpox) vaccine.

Cases of **gastrointestinal illnesses** appear to be declining (apart from a cryptosporidium outbreak in 2001). Although some reported cases can be linked to poor food handling in restaurants or travel abroad, most of the cases are related to poor hygiene or unsafe food handling in the home. Prevention of **blood borne diseases** such as hepatitis B, hepatitis C and human immunodeficiency virus (HIV) is targeted by prevention strategies aimed at ensuring a safe blood supply, harm reduction from intravenous drug use, and promoting safe sex practices. The Saskatoon Health Region rates for hepatitis C are higher than the provincial average and rates are higher among males than females. Universal immunization of Grade 6 students for hepatitis B has been available since 1996, and a steady decline in the number of new cases is expected over the next few years. There were 142 notifications of HIV and acquired immune deficiency syndrome (AIDS) between 1997 and 2003. The number of cases annually seems to be declining slightly.

Respiratory illnesses include influenza and tuberculosis. Approximately 70% of the Health Region's population over the age of 65 receive yearly immunization for influenza. Tuberculosis has been reported in Saskatchewan, but the rates have been declining over the last decade.

Saskatchewan has the highest rate outside of the Territories, and Canadian-born aboriginal people make up 84% of the cases.

Emerging infectious diseases include West Nile Virus (in 2003, Saskatoon Health Region had 61 cases; a total of 935 occurred in Saskatchewan) and antibiotic resistant strains of bacteria such as methicillin-resistant staphylococcus aureus (MRSA) (Saskatoon Health Region had 73 cases in 2003), penicillin resistant streptococcus pneumoniae (PRPN) (5 in 2003) and vancomycin resistant enterococcus (VRE) (4 in 2003).

Physical environment factors related to air, water and housing

Overall, the air quality in Saskatoon Health Region is good. Measures used to evaluate **air quality** are the Air Pollution Index and Suspended Particulate Matter. Both measures have consistently been within acceptable ranges for the last 10 years.

Water sources within Saskatoon Health Region are from surface supplies (reservoirs, lakes or rivers) or ground water supplies from underground aquifers, accessed by wells. Overall, the water quality is good. The Medical Health Officer has issued Emergency Boil Water Orders (EBWO) and Precautionary Drinking Water Advisories (PDWA) in situations where monitoring has indicated a potential health risk to consumers. In 2003, four EBWO and 12 PDWA warnings were issued, and they were primarily related to bacteria (70%), inadequate treatment (20%), and plant operation concerns (5%).

STRATEGIC OVERVIEW OF TRENDS

In the fall of 2003, Saskatoon Health Region (SHR) commissioned a study to provide a strategic overview of trends that will affect the delivery of health care over the next decade. Some of the main points in the report were:

- Increased importance of leadership, priority setting and succession planning;
- Growing population;
- Chronic disease prevalence;
- Increased needs in the area of mental health;
- Health prevention and promotion and primary health care focus for longer-term improvements;
- Continuing regionalization and integration of services;
- Ongoing requirements for improvements in information for decision-making;
- Growing requirements for investment in the infrastructure, data applications and resources to support information gathering, sharing, analysis and reporting;
- Emerging health human resources problems;
- A growing mismatch between demand and expectations for services and the available resources; and,
- Continued restrictions in funding.

The Regional Health Authority, the Health Region's Senior Leadership Team, and the Community Advisory Networks discussed these findings, and confirmed the importance of more focused attention on:

- Health promotion and disease prevention for the longer-term, and,
- Addressing the special issues of compromised / vulnerable populations – including people in the Health Region who are living in poverty (in both urban and rural areas) and the aboriginal population.

THE SASKATCHEWAN HEALTH QUALITY COUNCIL

The work of the Health Quality Council is becoming a relevant reference point for Health Region planning on many fronts. In a number of instances, the Council is building on work that was started in Saskatoon Health Region and expanding it to the province as a whole.

For example, in September 2004, the Health Quality Council (HQC) released the results of its study on drug dispensing rates in Saskatchewan for post-acute myocardial infarction (AMI) patients. The 30-day mortality after a heart attack was lowest for patients treated in Saskatoon and Regina hospitals (12% compared to 17% in the rest of the province). Heart attack patients discharged from Saskatoon and Regina hospitals were more likely to have filled prescriptions for the three recommended heart drugs soon after going home. Royal University Hospital (RUH) had among the best overall dispensing rates in the province for all three recommended drugs at 3 days, 90 days and 1 year after discharge. St. Paul's Hospital (SPH) also had high dispensing rates.

CANADIAN INSTITUTE FOR HEALTH INFORMATION (CIHI)

The Canadian Institute for Health Information (CIHI) recently released its report on 2002-2003 service levels across Canada and reported that Saskatoon and area residents and those from across the province continue to have access to services that generally meet or exceed national averages.

The CIHI report, based on information from the health regions for the fiscal year 2002-2003, indicated that Saskatoon Health Region residents:

- Had the highest number of hip replacement procedures per capita in Canada, well above the national average;
- Received more knee replacement surgeries on a per capita basis than most other communities across Canada, (an increase from the 2000-2001 year); and,
- Had fewer overnight stays for conditions where adequate primary health care in the community can prevent hospitalization.

In addition, the CIHI report indicated that Saskatoon Health Region:

- Treated significantly more patients from outside the health region than other centres across the country (this finding is consistent with a previous CIHI report for the 2000-2001 year); and,
- Had more specialists and more family physicians per capita than most places in Canada (again, consistent with 2000-2001 findings).

The CIHI report also indicated that Saskatoon Health Region residents are at the national average related to heart attack and stroke recovery rates, low birth weight rate and infant morality rate. Lower rankings were in areas such as hospitalization rates due to injuries in the community, in-hospital hip fractures, and hysterectomy, heart attack and prostatectomy readmissions.

POPULATION HEALTH

Population health indicators help the Health Region set priorities and monitor the success of interventions. Positive trends include reductions in infant mortality (over the 1992 to 2003 time frame), reduced smoking rates for women (over the 2001 to 2003 time frame) and reduced male youth hospitalization rates for injuries (over the 2001 to 2003 time frame). In addition, Saskatoon Health Region's elderly female hospitalization rates for falls are lower than the rest of the province (refer to Performance Management Summary at the end of this annual report). Areas of concern include immunization rates of children, incidence of sexually transmitted infections, and diabetes prevalence. Areas that require improvement include obesity / overweight levels and physical inactivity rates.

Health status and outcome population health indicators

Performance indicator	*2002*	*2003*	*2004*
Vital statistics			
Infant mortality per 1000 live births	4.3	4.4	n/a
Low birth weight per 100 live births	5.0	5.6	n/a
High birth weight per 100 live births	14.1	13.9	n/a
Life expectancy (at birth) Males	77.8 average over three years (2001-2003)		n/a
Life expectancy (at birth) Females	83.4 average over three years (2001-2003)		n/a
Life expectancy (at birth) Overall	80.6 average over three years (2001-2003)		n/a
Life expectancy (at age 65) Males	17.2 average over three years (2001-2003)		n/a
Life expectancy (at age 65) Females	21.2 average over three years (2001-2003)		n/a
Life expectancy (at age 65) Overall	19.3 average over three years (2001-2003)		n/a
Public health			
Percentage of eligible population receiving diphtheria immunization at second birthday	78.5%	75.1%	73.7%
Percentage of eligible population receiving measles immunization at second birthday	75.8%	73.4%	72.7%
Percentage of eligible population receiving mumps immunization at second birthday	75.5%	73.3%	72.4%
Percentage of eligible population receiving rubella immunization at second birthday	75.7%	73.3%	72.4%
Age-adjusted diabetes prevalence rate per 1,000 population	34.4 (2001-2002)	45.0 (2002-2003)	n/a
Injury hospitalization rate per 1,000 population (age 0 to 19 years) – Males	6.7 (2002-2003)	7.2 (preliminary data 2003-2004))	n/a
Injury hospitalization rate per 1,000 population (age 0 to 19 years) – Females	4.6 (2002-2003)	4.7 (preliminary data 2003-2004)	n/a
Hospitalization rate due to falls per 1,000 population (age 65 years and over) – Males	10.5 (2002-2003)	12.79 (2003-2004)	n/a
Hospitalization rate due to falls per 1,000 population (age 65 years and over) – Females	18.2 (2002-2003)	18.64 (2003-2004)	n/a
Risk			
Percentage of population (age 12+years) who are current, daily, or occasional smokers – Males	25.0% (2001)	25.0%	n/a
Percentage of population (age 12+ years) who are current, daily, or occasional smokers – Females	28.1% (2001)	11.6%	n/a
Overweight or obese (age 18+ years) – Males	58.8% (2001)	59.7%	n/a
Overweight or obese (age 18+ years) – Females	44.7% (2001)	41.3%	n/a
Physical inactivity (age 12+ years) – Males	42.0% (2001)	45.5%	n/a
Physical inactivity (age 12+ years) – Females	49.7% (2001)	48.3%	n/a
Self-rated health status: percentage of population (age 12+ years) who report their health as very good or excellent – Males	60.0% (2001)	64.0%	n/a
Self-rated health status: percentage of population (age 12+ years) who report their health as very good or excellent – Females	57.6% (2001)	60.4%	n/a

MAJOR INITIATIVES AND ACCOMPLISHMENTS

Saskatoon Health Region is a large and complex organization encompassing thousands of employees and partners engaged in planning, managing, and evaluating literally hundreds of programs and services. At any given time, a substantive number of initiatives and accomplishments are evident throughout the organization. Here, some of the higher priority and higher profile initiatives are highlighted, including those that received a strong provincial focus in 2004-2005. The accomplishments are organized based on the Saskatoon Regional Health Authority goals.

GOAL: IMPROVING ACCESS TO QUALITY SERVICES

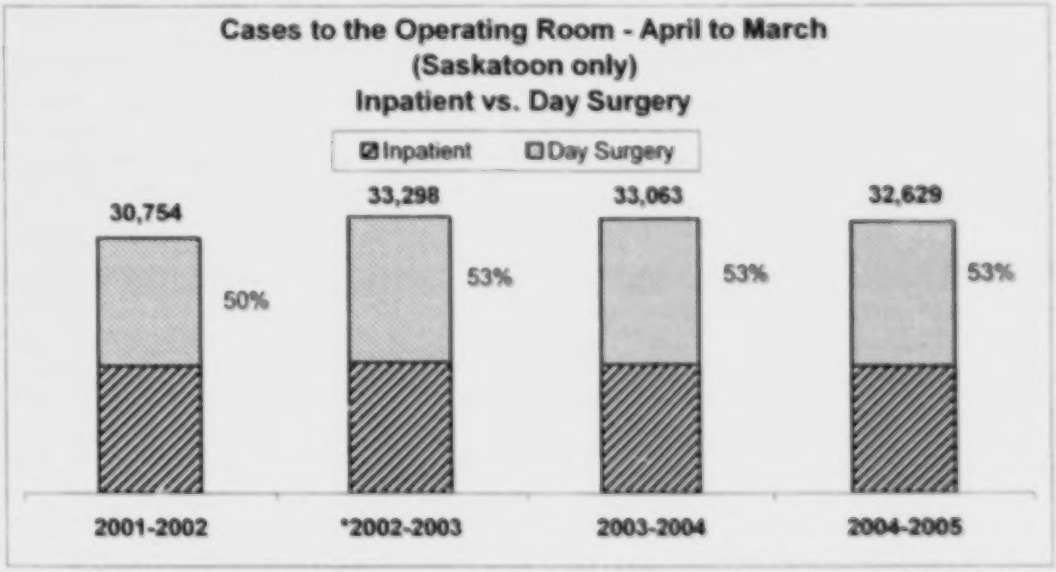
Access was a dominant theme in Saskatoon Health Region's operations in 2004-2005. Wait times for services continued to cause concern in a number of program areas. The highest profile access issues related to surgery and diagnostic imaging, consistent with developments across Canada.

ACCOMPLISHMENT: IMPROVING ACCESS TO SURGICAL SERVICES

A major initiative for Saskatoon Health Region in 2004-2005 was the delivery of surgical services to patients from Saskatoon Health Region and from other parts of Saskatchewan. The surgery program consisted of two parts during the year: the base surgical program, which was directed to delivering the same level of service that was provided in 2003-2004; and a number of separately funded additional surgeries for people who had been waiting for more than 18 months.

The following graphic illustrates the number of surgical cases for the base surgical program over the past five years. While the number of cases was down slightly in 2004-2005 (32,629) from 2003-2004 (33,063), the number of hours in Saskatoon operating rooms increased from 45,570 in 2003-2004 to 46,156 in 2004-2005, possibly indicating surgical cases were more complex.

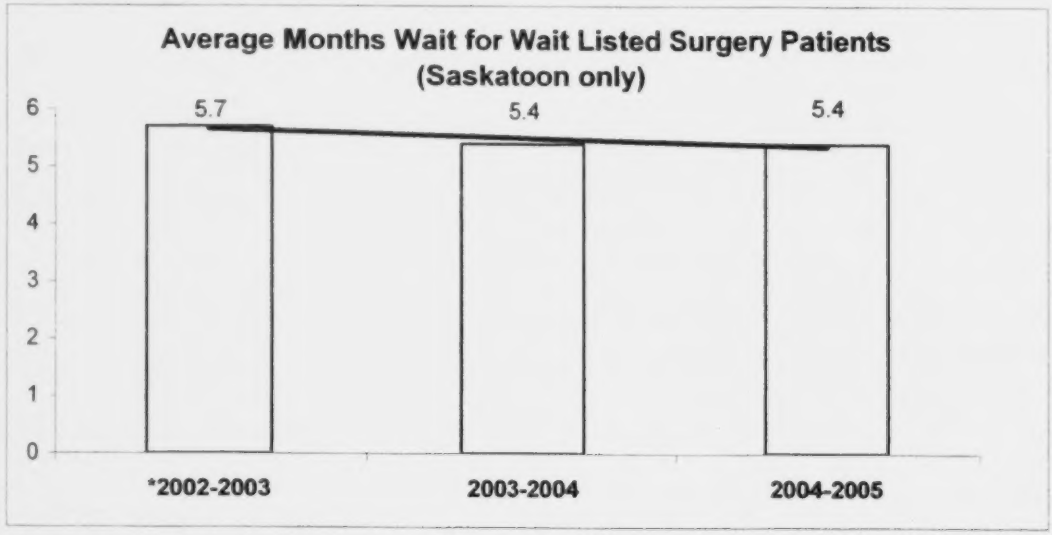
Includes: Elective, Urgent, Cancer & Emergent Cases (Active & Pending)
Excludes: Long Wait Initiative patients



Shows the total number of cases to the operating room annually as well as the percent done as Day Surgery.
*HSAS Job Action September 18 - October 16, 2002

The following graphic illustrates the change in average wait time for surgery over the past several years. At the end of 2004-2005, the average was 5.4 months, down from 5.7 months in 2002-2003.

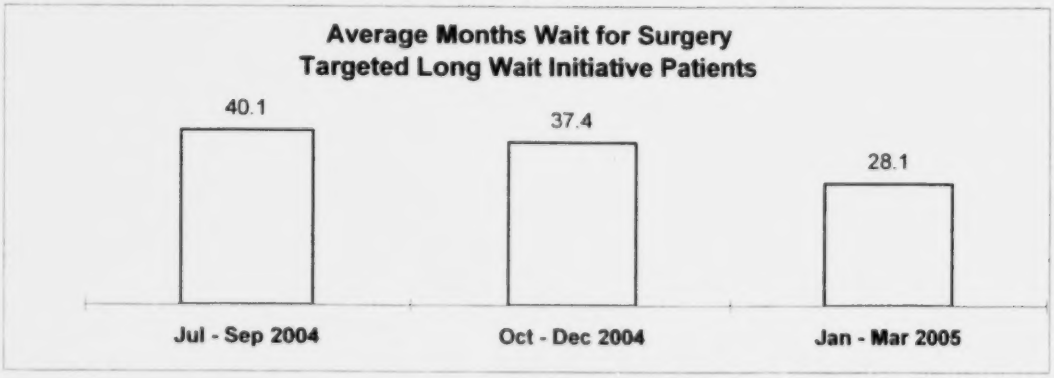
Includes: Inpatient & Day Surgery cases (active & pending) Elective, Urgent & Cancer
Excludes: Emergent cases



Shows the average number of months wait for patients who had their surgery during the year indicated.
*HSAS Job Action September 18 - October 16, 2002
** 2004/05 includes Long Wait Initiative patients

The specially funded surgery initiative enabled the Health Region to complete an additional 415 surgical cases for patients who had waited over 18 months for their surgery. This had a significant impact on the average wait time for this group, reducing the wait from an average of 40.1 months to an average of 28.1 months. A total of 575 additional operating room hours were required to complete the additional 415 long wait surgical cases.

Includes: All Services; Inpatient & Day Surgery; Active & Pending

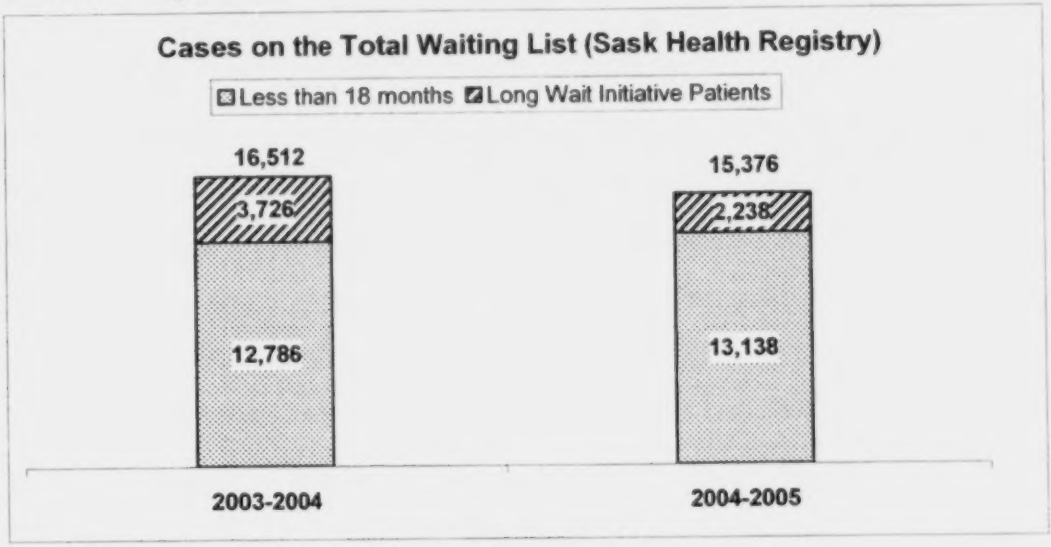


Shows the average number of months wait for patients who had their surgery during the specified time periods.
The first additional operating room for Long Wait Initiative cases was scheduled on September 14, 2004.

In addition to the long wait initiative, the Health Region reduced the total number of surgical cases of patients on the overall surgical wait list from 16,512 in 2003-2004 to 15,376 in 2004-2005 as illustrated in the following graphic. The number of total cases who were waiting more than 18 months was also reduced from 3,726 in 2003-2004 to 2,238 in 2004-2005.

Wait list data previously reported by Saskatoon Health Region excluded patients who were given a surgical date but had not yet had surgery. The current method of tracking patients on the wait list includes these patients, so they are removed from the list only after they have had surgery. This explains the higher volume of patients on the wait list over those reported in 2003-2004.

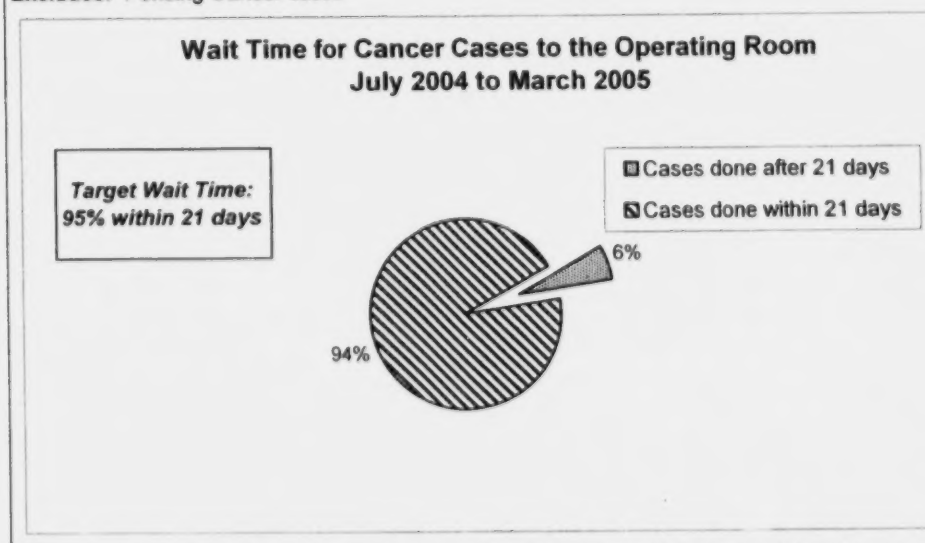
Includes: Inpatient & Day Surgery cases (active & pending) Elective, Urgent & Cancer; patients scheduled for surgery but not yet done
Excludes: Emergent cases



Shows the number of cases on the waiting list as at March 31 each year.
The total waiting list has decreased by 1,136 patients (7%).

Another accomplishment was the Health Region's progress in reaching its cancer surgery target of completing 95% of surgeries within 21 days. As noted in the following graphic, the result was within 1% of the target.

Includes: Active Cancer cases
Excludes: Pending Cancer cases


Wait Time for Cancer Cases to the Operating Room
July 2004 to March 2005
Target Wait Time:
95% within 21 days
Cases done after 21 days
Cases done within 21 days
6%
94%

Shows the percentage of active cancer cases who have surgery within the target time frame.

ACCOMPLISHMENT: IMPROVING ACCESS TO HOSPITAL BEDS

In the fall of 2004, Saskatoon Health Region began operating a Critical Care Access Line to facilitate access to needed critical care beds from referring physicians throughout the province. The Health Region also completed planning for a similar broader effort to be operational in the coming year: the Acute Care Access Line.

ACCOMPLISHMENT: IMPROVING ACCESS TO COMMUNITY DETOX SERVICES

With the start-up of operation of the new 12-bed brief detox unit located at Larson House, Saskatoon Health Region followed through on its commitment to a number of community partners (the City of Saskatoon, the federal government, and the Saskatoon City Policy) to provide leadership in the establishment of this service.

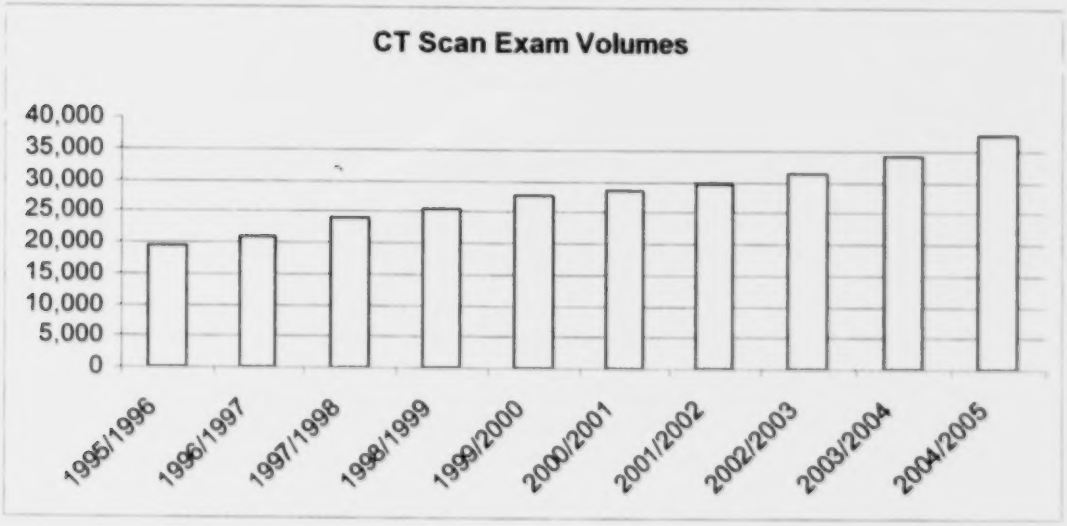
ACCOMPLISHMENT: IMPROVING ACCESS TO RENAL SERVICES

Saskatoon Health Region continued to respond to the increasing need for dialysis services in 2004-2005, providing 26,441 dialysis treatments for 336 patients compared to 24,673 dialysis treatments for 352 patients in 2003-2004 and 22,602 for 293 patients in 2002-2003.

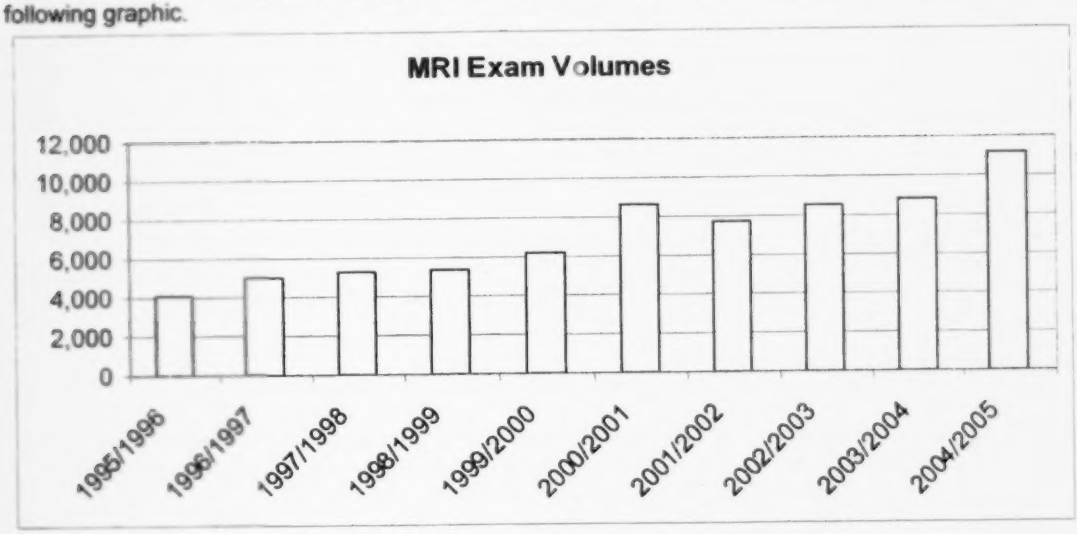
ACCOMPLISHMENT: IMPROVING ACCESS TO DIAGNOSTIC IMAGING

In 2004-2005, a special federal-provincial initiative targeted funding to improve access to services with diagnostic imaging. With this funding, Saskatoon Health Region was able to increase capacity in diagnostic testing, resulting in improved access to service and reductions in patient wait times.

The increase in the volume of computed tomography (CT) scan exams is illustrated in the following graphic.



The increase in the volume of magnetic resonance imaging (MRI) exams is illustrated in the following graphic.



GOAL: HEALTHY COMMUNITIES SUPPORTED BY HEALTH PROMOTION AND DISEASE PREVENTION

ACCOMPLISHMENT: LEADING IN TOBACCO CONTROL MEASURES

The most significant health promotion and disease prevention measure for Saskatchewan and for Saskatoon Health Region in 2004-2005 was the introduction of provincial legislation and municipal bylaws (in Saskatoon and Humboldt) requiring smoke-free environments. Saskatoon Health Region played a leadership role in the work with many stakeholder groups leading up to these important changes. In addition, the Health Region continued earlier initiatives to enhance smoke-free spaces in and around its own facilities.

ACCOMPLISHMENT: RELEASING THE 2004 HEALTH STATUS REPORT

The **2004 Saskatoon Health Region Health Status Report** was issued in the fall of 2004, and provides a strong foundation of information and advice for health system and health service planning for the longer term.

ACCOMPLISHMENT: PUBLIC HEALTH PANDEMIC PLANNING

Saskatoon Health Region Public Health staff led a substantial effort in pandemic planning over the latter half of 2004-2005, consistent with international and national efforts to prepare for this anticipated event.

ACCOMPLISHMENT: EXTENDING *IN MOTION* TO THE RURAL AREAS

The award-winning ***in motion*** program developed by the previous Saskatoon District Health was rolled out to many additional rural communities. More than 35 additional rural schools are now participating in ***in motion*** activities, and 46 new rural communities are actively participating.

ACCOMPLISHMENT: PILOTING THE P.A.R.T.Y. PROGRAM

P.A.R.T.Y. (Preventing Alcohol and Risk Related Trauma in Youth) is a joint venture with the Acquired Brain Injury Program and pairs Saskatoon Health Region adult volunteers with student volunteers from selected high schools to train in making presentations to young people about the consequences of high-risk behaviours resulting in life-long disabilities. Saskatoon Health Region was fortunate to have this innovative program piloted in Humboldt and in Saskatoon in 2004-2005, and based on its success, similar programs have been implemented throughout the Health Region.

GOAL: HEALTHY OPERATIONS, WORKING WITHIN THE LIMITS OF AVAILABLE RESOURCES AND IMPROVING EFFICIENCY AND ACCOUNTABILITY FOR THE USE OF THOSE RESOURCES

ACCOMPLISHMENT: ACHIEVING ACCREDITATION STATUS

The Health Region invested approximately $1 million of staff time and other costs in the 2004 accreditation process, involving hundreds of staff members in conducting the self-assessment and compiling documentation for the surveyors.

The resulting accreditation report highlighted a number of achievements, including the following.

<table>
<tr><td rowspan="2">Saskatoon Health Region is to be complimented on the measures they have taken to promote staff wellness. The organization has a comprehensive Occupational Health & Safety system that monitors risk incidents involving staff and supports actions to recognize and prevent injuries. The organization has continued with its commitment to minimize risks to staff and clients due to transfer and lifting activities. St. Elizabeth's Hospital is to be complimented on how completely it has addressed previous recommendations, such that in some cases areas for improvement have become strengths.</td><td>in motion, of which Saskatoon District Health was a founding member, has received international recognition.</td></tr>
<tr><td>The Client / Patient Access Service provides a significant, region-wide service. The Critical Care Access Line is also a significant support to the placement of patients for out of region.</td></tr>
<tr><td>The SHR's draft research policy on addiction prevention is a significant achievement.</td><td rowspan="2">Pharmacy treatment files are excellent education tools. There is an international database for comparison of medication errors and prescription files. This is nationally recognized for its education and information value.</td></tr>
<tr><td>A multidisciplinary approach to care is evident throughout the region.</td></tr>
<tr><td colspan="2">There is a wellness focus, especially as regards allocation dollars. This is specifically true for mental health, addictions, rehab and St. Elizabeth's.</td></tr>
</table>

The report also highlighted areas for improvement:

Establish a priority list and timetable for addressing the infection control issues that have been identified in the region.	*Evaluate the facility structure for risks related to accessibility and emergency room space at St. Elizabeth's.*
Address the capital equipment requirements as identified in the capital equipment replacement and renewal plan.	*Ensure that mental health team provides inpatient services for the entire age spectrum (children, youth and adults) in appropriate facilities.*
Develop a plan that identifies a process to meet the current and future information needs of the region.	*Proceed with the implementation of the organization's draft policy on conducting and reporting fire drills.*
Follow up on the recommendations made in the various external reviews of pre-hospital and emergency services.	*Complete a capital infrastructure review within the region to ensure client and staff safety.*
Undertake measures to provide privacy and confidentiality to patients and families.	*Carry out formal performance evaluations for all staff on a regular basis.*

The accreditation report provided ratings of 1 (poor) to 7 (excellent) based on four dimensions of performance. Saskatoon Health Region's ratings averaged 5.0 in responsiveness, 5.0 in system competency, 5.2 in client/community focus, and 4.9 in work life. In its report, the Canadian Council on Health Services Accreditation noted:

> *The Saskatoon Health Region achieves very good ratings in all of the dimensions, with all ratings coming in above 4.5. The organization is to be commended for this achievement, which demonstrates the organization's commitment to making the delivery of quality services a priority throughout the organization.*

ACCOMPLISHMENT: ACHIEVING A BALANCED FINANCIAL RESULT

Saskatoon Health Region started the 2004-2005 year with the 2003-2004 deficit of $6 million, but was able to end the 2004-2005 year with a surplus. This positive result was largely due to increases in a number of revenues.

ACCOMPLISHMENT: INITIATING A COMPREHENSIVE PLANNING PROCESS

In 2004-2005, Saskatoon Health Region initiated a planning process to build a comprehensive and consistent inventory of current program and service resources, risks, and key developments. This foundation of information and advice will be used to support longer-term and operational planning, priority-setting and decision-making.

ACCOMPLISHMENT: INVESTING IN ASSET MANAGEMENT AND A BALANCED CAPITAL PROGRAM

The Health Region base of assets is significant, but annual funding has not been sufficient to fully address deferred maintenance, capital renewal, and functional and program enhancements. In 2004-2005, Saskatoon Health Region continued developmental work on a comprehensive approach to asset management to better position the organization to address asset issues over time. The intent is to plan, maintain and invest in the Health Region's assets in a strategic and comprehensive manner. The first phase of work has focused on clinical medical equipment – an inventory of more than 10,000 devices. Buildings and building systems will be the focus of the next phase of work.

The Health Region's 2004-2005 $15 million capital program was focused on addressing a limited number of urgent and high priority needs, and included construction and renovation in both urban and rural facilities, purchases of medical equipment and beds, and upgrades to technology support systems. The capital program advanced work on the Royal University Hospital ground floor changes, planning for a new mental health in-patient facility, planning for replacement of St. Elizabeth's Hospital, planning for an addition to Oliver Lodge, and further development of the breast health Centre for Care at Saskatoon City Hospital.

ACCOMPLISHMENT: FOLLOWING UP ON SPECIAL REVIEWS

In 2004-2005, Saskatoon Health Region initiated a number of special reviews related to Emergency Services at the three Saskatoon hospitals, and made major progress in implementing the resulting recommendations.

ACCOMPLISHMENT: BENEFITING FROM VOLUNTEERS AND FOUNDATIONS

In 2004-2005, Saskatoon Health Region continued to sustain the support and involvement of hundreds of volunteers and fund-raising organizations in rural and urban communities across the Health Region. The benefits of these efforts are evident for clients, patients and residents, as well as staff and the space, equipment and technology they use to provide services.

GOAL: HEALTHY WORKPLACES SUPPORTED BY MEASURES INCLUDING RECRUITMENT AND RETENTION OF HEALTH PROVIDERS

ACCOMPLISHMENT: REDUCING SICK TIME, OVERTIME AND FAMILY LEAVE

During 2004-2005, Saskatoon Health Region continued a focus on reducing the high level of sick leave hours for employees. The net result was a reduction in overtime, sick time, and family leave of 35,581 hours, providing a cost reduction of more than $600,000 for the year.

ACCOMPLISHMENT: TRAINING TO PREVENT INJURY AND ENSURE SAFETY

In 2004-2005, Saskatoon Health Region invested in significant training and management support related to application of the Transfer, Lifting, and Repositioning (TLR) approach to improve patient safety and prevent staff injury.

ACCOMPLISHMENT: RECRUITING AND RETAINING PHYSICIANS

During the past fiscal year the Health Region has seen a net gain of 15 active members of the Saskatoon-based medical staff with 36 new members and 21 terminations. Fifteen of the terminations were due to voluntary resignation, two because of death and four because of retirement. The new members encompass a variety of specialties including Anaesthesia, Critical Care, Emergency Medicine, Family Medicine, Pathology, General Internal Medicine, Gastroenterology, Cardiology, Hematology, Medical Imaging, Ophthalmology, Orthopedic Surgery, Pediatrics, Psychiatry, Neurosurgery and Thoracic Surgery.

Recruitment of physicians to rural communities is becoming increasingly challenging. However, during 2004-2005, the recruitment of rural physicians was relatively successful, with nine physicians recruited to work in the communities of Wakaw, Humboldt, Wynyard, and Watrous.

GOAL: INNOVATION AND INTEGRATION OF SERVICE, EDUCATION AND RESEARCH

ACCOMPLISHMENT: SUPPORTING THE SASKATCHEWAN ACADEMIC HEALTH SCIENCES NETWORK

Throughout 2004-2005, Saskatoon Health Region continued to work with its counterpart members of the Saskatchewan Academic Health Sciences Network to advance their joint health science education agenda and deal with a variety of emerging issues and priorities, including the planning for a new health sciences building at the University of Saskatchewan.

ACCOMPLISHMENT: SECURING JOINT APPOINTMENTS WITH THE UNIVERSITY

In recent years, Saskatoon Health Region has worked collaboratively with the College of Medicine at the University of Saskatchewan to establish joint Department Head appointments in recognition of the integration of the service, education and research functions between the two organizations. In 2004-2005, this work continued to make progress, with a new joint appointment in Psychiatry.

ACCOMPLISHMENT: DEVELOPING A NEW AGREEMENT WITH THE UNIVERSITY

The Health Region's relationship with the University of Saskatchewan is complex, and incorporates many different considerations. In 2004-2005, the two entities worked collaboratively on the development of a new affiliation agreement.

ACCOMPLISHMENT: APPOINTING A VICE PRESIDENT RESPONSIBLE FOR RESEARCH

Research activity is embedded in the operations of the Saskatoon Health Region as an academic health organization. To facilitate an improved focus on research and better integration with the University's structures, one of the current members of senior management assumed additional responsibilities as the Vice President of Research.

ACCOMPLISHMENT: PLANNING THE WEST WINDS PRIMARY HEALTH CENTRE

The Health Region and the University of Saskatchewan jointly planned for the establishment of the West Winds Primary Health Centre. This unique, multidisciplinary team will bring together the College of Medicine's Department of Family Medicine and Saskatoon Health Region care providers in one location.

KEY PERFORMANCE DRIVERS

In 2004-2005, the key drivers of performance for Saskatoon Health Region were consistent with recent years. The availability of financial, technology, equipment and human resources remains the primary consideration. In all of these areas, the Health Region faces challenges.

Saskatoon Health Region has reported over the past several years on the consistent sources of pressures on the Health Region's available financial, human and capital resources. The pressures that have been highlighted previously remain essentially the same, and they mirror the areas that are affecting the health care system generally. In many cases, Health Regions have limited influence and/or control of the related cost drivers. In fact, some cost drivers are structural in nature, including population growth, the physician / specialist factor, and the academic health environment.

POPULATION GROWTH

The population of Saskatoon Health Region has been increasing by rates varying from 1200 to 4000 persons per year for the last 10 years. Much of this total increase has been in and around the City of Saskatoon.

The ***increase*** in population means that the Health Region can expect continued pressure on programs. The ***changing population structure*** means that the pressure will not be evenly distributed over all services. For example, the Health Region expects an impact on services related to chronic disease conditions as the population ages, and over time there will be an impact on the need for and distribution of long-term care beds.

THE PHYSICIAN / SPECIALIST FACTOR

Saskatoon Health Region has the greatest variety of specialty physician services in Saskatchewan, and 55% of the more than 500 specialists in Saskatchewan are located here.

In 2003-2004, the City of Saskatoon had 121 medical specialists (61% of the 198 provincial total); 95 surgical specialists (48% of the 197 provincial total); and 65 technical specialists (58% of the 112 provincial total). These physicians provide medical care to people from every part of the province as well as to residents of Saskatoon Health Region.

The 2003-2004 per capita services provided by physicians indicates that specialists in Saskatoon provided 4.98 services per capita compared to the 2.19 to 3.87 services per capita provided by specialists in other locations in the province.

Saskatoon Health Region is in a very competitive market with respect to recruitment and retention of physicians, and is competing with health regions across the country that have significantly more resources to use in responding to expectations related to the availability of medical equipment and access to new technology. For Saskatoon Health Region, meeting these expectations involves increased costs, both capital and operating.

Specialists drive many cost increases, including lab tests and diagnostic imaging. Increases can be seen in the overall volume and in the volume per patient. The number of physician services per patient has risen significantly over the past five years, and continues to increase – with a 2.6% change in per capita costs in 2003-2004 due to utilization increases (including an increase of 6.77% in the number of hospital care services).

ACADEMIC HEALTH ENVIRONMENT

Operating costs are higher in academic health environments than they are in other health care organizations, and have recently been estimated to require 19-27% in additional costs related to a number of teaching / research factors (e.g., extra tests for research or diagnostics, rework of deficient cases, supply wastage due to lack of training, and staff time spent doing supervision). Recent curriculum changes that have increased the clinical education component in the pharmacy and nutrition programs, as well as the increase in both Baccalaureate and practical nursing seats, have resulted in additional costs for health system staff and resources.

DRUGS

Consistent with findings from national studies, Saskatoon Health Region is experiencing significant increases in drug costs as a result of:

- Changes in the demographics and health status of the population (i.e., towards those with increased medication needs);
- Changes in the unit prices of drugs;
- Changes in the prescribing habits of physicians (i.e., from older, less expensive medications to newer, relatively more expensive medications to treat the same underlying diagnosis);
- Changes in utilization of drugs on a per patient basis (i.e., more medications per patient per year);
- Trends towards using drug therapy instead of other treatments (e.g., as alternatives to surgery in some cases);
- The appearance of new diseases requiring pharmaceutical therapy;
- The introduction of new drugs to treat conditions for which effective pharmaceutical therapies previously did not exist;
- The introduction of new drugs embodying appreciable improvements over existing pharmaceutical therapies; and,
- Increasing prevalence of conditions for which drug therapies are widely used, including cardiovascular, pulmonary and renal disease, diabetes and arthritis.

MEDICAL REMUNERATION

Saskatoon Health Region faces cost pressures related to medical remuneration on a number of fronts. Like other tertiary centres in Canada and the United States, the Health Region has insufficient in-house 24/7 medical coverage. The resulting situation is further aggravated by the increasing acuity and complexity of hospitalized patients and increasingly sophisticated technology. In 2004-2005, Saskatoon Health Region took steps towards the establishment of an enhanced hospitalist program to ensure appropriate care of patients and minimize risk.

INCREASES IN COMPENSATION

Saskatoon Health Region benefits costs surpassed 19% of total salary costs in 2004-2005. The cost impact of a 1.0% increase in benefits is approximately $3.1 million.

TECHNOLOGICAL CHANGE

The potential and impact of changes driven and enabled by technology reach across the organization and service delivery processes, and technology changes involve a large front-end cost which is challenging to finance. The Health Region has limited influence or control over some technology changes, particularly in areas where they are tied to changes in clinical practice.

INFORMATION TECHNOLOGY

Insufficient investment in information technology infrastructure since Y2K (year 2000) has created some major challenges for Saskatoon Health Region in securing system capacity and reliability and positioning the organization for the major technological progress associated with the objective of an electronic health record and other advances on both the support and clinical fronts. In 2004-2005, the Health Region experienced more than 100 unplanned outages in its systems – including email, networks, telecommunications, servers, and printing. Many of these systems are past their normal life cycle and need to be replaced or require additional resources for maintenance and repair.

ACUITY

The evident increased acuity of people receiving health services from Saskatoon Health Region adds cost pressures on the organization and its capacity to deal with this shift. Increased acuity is evident in acute, home care and long term care settings, requiring higher staffing levels and increased non-salary expenditures – for example, on drugs, supplies, and tests. In long term care, classification information (compiled on a regular basis with objective measurement of changes in acuity) has demonstrated that the acuity level of the residents in most facilities has increased 24% in the past nine years, or an average of 2.6% per year. In the past five years, the facilities have not received any funding to offset the impact of this increased acuity.

OCCUPANCY

Occupancy rates are high in the three Saskatoon hospitals, well over 85% generally and consistently more than 95% in some units. High occupancy levels limit the flexibility of the system to respond to surge situations, move people out of the emergency services areas and into units, and avoid shifting people to long term care and home care too quickly.

The high levels of occupancy can be attributed in part to the population growth in the Health Region and its direct impact on the need and demand for health care services.

OUT OF REGION PATIENTS

Saskatoon Health Region fulfils a provincial role in the provision of many health services, particularly in the acute care hospitals in Saskatoon. For the past three years, approximately 34% of inpatients have been from outside of the Health Region. The pressure to serve out of region patients is expected to remain at this level or to increase. At the same time, the Health Region will face expectations to serve the growing needs as a result of population growth within the Health Region.

PEFORMANCE IN MEETING EXPECTATIONS

The **2004-05 Accountability Document** completed by Saskatchewan Health and forwarded to the Saskatoon Regional Health Authority in July of 2004 details provincial program and service direction and expectations, and this annual report is required to report on the Health Region's performance in meeting those expectations.

The expectations in the **Accountability Document** related to organizational effectiveness are structured around the following broad categories: Governance and Management, Quality, Human Resources, Financial, Information Management, Communications and Issues Management, Capital and Reporting. Performance indicators and 2004-2005 results for Saskatoon Health Region are identified and compared to the provincial Health Region average where information is available.

ORGANIZATIONAL EFFECTIVENESS – ACCREDITATION AND CLIENT CONCERNS

Performance measure	***Reporting period***	***Saskatoon Health Region***	***Average Health Region performance***
Canadian Council on Health Services Accreditation current status for RHAs	2004	Accreditation with Report	The majority of Regional Health Authorities achieved Accreditation with Report
Number of client contacts with the Regional Quality of Care Coordinator to raise a concern	2004-2005	556	n/a
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days	2004-2005	96%	n/a

Accreditation

The 2004 accreditation survey by the Canadian Council on Health Services Accreditation was the first survey for the Health Region since it was formed by amalgamating four Health Districts in 2002. Each of the four previous Health Districts had completed accreditation surveys shortly before the formation of the Health Region.

The Health Region invested approximately $1 million of staff time and other costs in the accreditation process, involving hundreds of staff members in conducting the self-assessment and compiling documentation for the surveyors. As referenced earlier in this report, the accreditation surveyors highlighted a number of achievements and areas for improvement.

Quality of Care Coordinator (Client Representative)

Saskatoon Health Region continued to maintain the provincially-mandated Quality of Care Coordinator function throughout the 2004-2005 year with a full-time Client Representative focused on addressing client concerns. The Client Representative reported on the number and nature of the concerns to Saskatchewan Health and to the Saskatoon Regional Health Authority.

ORGANIZATIONAL EFFECTIVENESS – HUMAN RESOURCES

Performance measure	*Reporting period*	*Saskatoon Health Region*	*Average Health Region performance*
Number of sick leave hours per full time equivalent (FTE) for all Health Region employees	2004-2005	91.43	88.26
Number of sick leave hours per full time equivalent (FTE) for SEIU employees	2004-2005	100.86	94.84
Number of sick leave hours per full time equivalent (FTE) for SUN employees	2004-2005	96.72	93.07
Number of sick leave hours per full time equivalent (FTE) for HSAS employees	2004-2005	59.35	63.34
Number of sick leave hours per full time equivalent (FTE) for out of scope employees and other (all non-unionized employees on the SAHO payroll system, not just management personnel)	2004-2005	53.88	47.69

Note: data from SAHO (Saskatchewan Association of Health Organizations) Paid FTE Report
Abbreviations: SEIU (Service Employees International Union); SUN (Saskatchewan Union of Nurses); HSAS (Health Sciences Association of Saskatchewan)

During 2004-2005, Saskatoon Health Region continued a focus on reducing the high level of sick leave hours for employees. The organization acted to improve workplace wellness, support managers in managing attendance, and monitor and report on results – particularly in individual work units where sick leave hours were especially high.

A multidisciplinary Overtime Task Force helped produce a 12% reduction in overtime hours (17,437 hours). A proactive Attendance Support Program resulted in 3% reduction in sick time hours (17,444 hours). It is believe that an indirect result of these focussed approaches was a 4.5% reduction in family leave hours (3,700 hours).

Although the Health Region's Labour Cost Initiative position was vacant from October 2004 - March 2005, the Health Region achieved a net reduction in overtime, sick time and family leave of 35,581 hours, providing a cost reduction of more than $600,000 for the year. With the trend being annual increases in the hours prior to investing in the Labour Cost Initiative, it is evident that this investment has helped to create a turning point for the Health Region.

ORGANIZATIONAL EFFECTIVENESS – EXPECTATIONS AND PERFORMANCE

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Develop and implement an annual multi-year operating plan (including financial, human resource, capital, information management and primary health services and population health promotion strategy components) that supports the goals and objectives in the health system strategic plan and in accordance with Saskatchewan Health's requirements and timeframes.	In 2004-2005, Saskatoon Health Region completed financial, human resource, capital, information management, primary health, and population health promotion planning work as required, submitting documentation to SaskHealth as part of the provincial operational planning process.
Seek the confidence and support of the public and stakeholders for the operating plan.	The Saskatoon Regional Health Authority approved the 2004-2005 operating plan at a meeting open to the public.
Consult with the public, communities and stakeholders prior to implementing major changes.	No major changes were undertaken in 2004-2005 that required substantive consultation. However, Saskatoon Health Region did consult with a number of communities in the southern part of the Health Region that had requested to become part of the Regina Qu'Appelle Health Region.
Provide programs and services in compliance with legislation, directives, program guidelines and contractual obligations.	In 2004-2005, Saskatoon Health Region delivered programs and services consistent with legislation, directives, program guidelines, and contractual obligations.
Incorporate the results of needs assessment activities in the design and delivery of programs and services.	Saskatoon Health Region designed and delivered programs and services based on identified and emerging needs, with a focus on pandemic planning, primary health care, chronic disease management planning, and surgical and diagnostic imaging wait times.
Participate in intersectoral initiatives, such as the Regional Intersectoral Committee (RIC), Kids First and School Plus, Acquired Brain Injury (ABI) Program and services required under the federal *Youth Criminal Justice Act*.	Saskatoon Health Region co-chaired the Regional Intersectoral Committee with the City of Saskatoon and led or was involved in many activities, including: (1) the Comprehensive Community Information System community service delivery mechanism; (2) Kids Not In School; (3) Planning for the Population Health Planning Promotion Plan; (4) Kids First – predominately aboriginal focus, contracted services with Saskatoon Tribal Council and includes home visits, day care, and other services supporting mostly up to age 5; (5) Inter-agency committees (including 5 rural committees); (6) School PLUS™ – a new model for community and school linkages; and (7) Community University Institute for Social Research (CUISR). Saskatoon Health Region also operated the ABI outreach team.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Routinely evaluate the effectiveness of programs and services, and implement changes as appropriate.	Consideration of program and service effectiveness was enhanced in 2004-2005 with the accreditation process and other activities to support continuous quality improvement.
Consult with the department prior to undertaking major change in programs/services (for example, facility closures and other major increases or reductions in service).	Consultation with Saskatchewan Health occurred throughout 2004-2005 on a wide range of issues, including surgical wait times, medical remuneration, and the alignment of services across the three Saskatoon hospitals.
Establish a collaborative framework to ensure community involvement in determining health needs, planning and evaluation.	Saskatoon Health Region program staff worked in collaboration with communities to advance developments in primary health and other services throughout 2004-2005.
Monitor and report on the performance and financial status of health care organizations and contract providers who receive funding through the region.	Through its many points of interface with health care organizations and contract providers, Saskatoon Health Region continued to monitor performance and financial status and to report as required.
Refrain from entering into agreements that are inconsistent with terms of Saskatchewan Health contracts with pharmacists and other providers.	Saskatoon Health Region complied with this requirement.
Participate in the Canadian Council on Health Services Accreditation (CCHSA) process.	Saskatoon Health Region participated in the CCHSA process throughout 2004-2005, and received full 3-year Accreditation with Report status early in 2005
Participate in the Institution for Safe Medication Practices self-assessment tool for hospital pharmacies a minimum of once every three years.	Saskatoon Health Region participated as required in 2004.
Establish and maintain an incident/occurrence reporting system to monitor adverse events and critical incidents.	Saskatoon Health Region maintained a number of incident/occurrence reporting systems throughout 2004-2005 and planned for the establishment of a new system to integrate reporting for the Health Region as a whole.
Until legislation (re: critical incidence reporting) is proclaimed, RHAs/SCA will notify the Department and provide factual information regarding critical incidents.	In 2004-2005, Saskatoon Health Region reported to Saskatchewan Health as required on critical incidents, consistent with provincial direction.
Cooperate with the Health Quality Council through the appropriate sharing of information and proactively identifying trends and issues of concern to the council.	In 2004-2005, Saskatoon Health Region worked closely with the Health Quality Council on a number of initiatives, including a province-wide patient experience survey and a number of Canadian collaboratives on improving wait times for services.
Support the Quality of Care Coordinator function in the region.	The Client Representative function Saskatoon Health Region was in place and provided assistance in addressing client concerns throughout the Health Region.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Develop and implement a risk management program that includes risk identification and assessment, risk management and reporting/evaluation.	Saskatoon Health Region continued to develop a separate Risk Management department in 2004-2005, which provided risk management leadership, education, consultation, and insurance services within the organization. Through an external contractual arrangement, risk profiles were developed for individual Saskatoon Health Region programs in 2004-2005, and this work will be refined over time and influence the setting of risk management priorities for the organization.
Develop and implement a human resource plan for the region that results in: • A representative workforce; • Management of sick leave, overtime and other leave entitlements; • Employees, contracted providers and others involved in the delivery of care in the region (such as fee-for-service physicians) that have required competencies; • Continuing education that supports RHA objectives; • Employees using their full range of skills; and. • A quality of work life culture.	On November 1, 2003 the Health Region developed a three-year Organization Human Resource Plan for the period of April 1, 2004 – March 31, 2007. It was developed in recognition of the need for a practical framework to support and guide the management of human resources and to position the organization to best meet the realities of today and the challenges and opportunities of tomorrow. An in-depth environmental scan was conducted. Internal needs of the Health Region were identified. Key strategies included: • Workforce planning • Learning and development • Enabling Human Resource systems • Healthy and safe workplace • Performance management • Representative workforce • Proactive labour relations Ongoing collaboration with Saskatchewan Health and SAHO occurs to finalize definitions and determine the methodology for tracking a variety of both process and outcome indicators. The plan identifies human resource management as a shared responsibility among the organization, employees and the Human Resources Services Division.
Participate in implementing and monitoring health human resource planning and strategies for the province.	Saskatoon Health Region submitted its annual review of the Organizational Human Resource Plan in November 2004. Also, the Health Region participated in the provincial Health Human Resources Planning Committee.
Develop, implement and adhere to a multi-year operational plan for the region.	Saskatoon Health Region performed in 2004-2005 consistent with the plan for the year and within available resources.
Adhere to the Transfer of Funds Policy for the movement of funding between established funding pools (per policy included in Appendix A).	Saskatoon Health Region adhered to the policy.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Table a balanced operating budget.	The Saskatoon Regional Health Authority approved a balanced operating budget for 2004-2005.
Ensure policies and procedures are in place to demonstrate ethical and responsible use of public funds.	Overview consideration of the applicability of the existing Saskatoon Health Region policies and procedures was started in 2004-2005 and is ongoing. However, current policies and procedures support the ethical and responsible use of public funds.
Develop and implement a multi-year information management plan for the region that results in: • Quality and security of health information at all times; • Support for clinical and management decision-making at all levels of the organization and in a manner consistent with provincial information management policies, data standards and legislative requirements; • Information technology managed in a way that supports RHA program objectives and adheres to the provincial information technology plan and architecture for the health sector; and • Use of provincially mandated health information systems (for example, SAHO payroll system, Surgical Care Registry Saskatchewan Immunization Management System, PHIS - Public Health Information System, MDS/RUGS assessment system for long term care, Saskatchewan Health's MIS reporting, alcohol and drug services, mental health and problem gambling information systems, etc.).	In the 2004 accreditation process, information management was highlighted as a key area for Saskatoon Health Region to address. Activity occurred in a number of areas, including participation in provincial efforts led by Saskatchewan Health and/or SAHO. An area of focus is the effort to align financial and statistical reporting. This work was ongoing during 2004-2005. Another area of focus was the Surgical Care Registry in order to ensure the accuracy of the wait list and surgical volumes information. Saskatoon Health Region information management work in 2004-2005 supported quality and security of health information, support for clinical and management decision-making, alignment with the provincial information technology plan and architecture for the health sector, and the use of provincially mandated systems.
Submit an updated Information Technology Plan for Saskatchewan Health approval. The Authority will provide this plan to the department at the same time as the region submits its Authority-approved budget as it is important that the IT Plan aligns with the Authority's budget and program plan. This information will then be used, in turn, to update the Provincial IT Plan.	Saskatoon Health Region submitted an updated Information Technology Plan to Saskatchewan Health as required.
Effectively plan and coordinate communication approaches that build public support and awareness for the regional delivery of health care services.	In 2004-2005, Saskatoon Health Region worked closely with Saskatchewan Health in planning and monitoring communications around significant developments and events and provided information to the public through a number of communications methods.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Ensure local issues are appropriately addressed by the RHA and Saskatchewan Health appropriately addresses provincial issues.	Saskatoon Health Region identified and responded to issues for which the Health Region was responsible, worked collaboratively with Saskatchewan Health to respond to issues where joint responses were required, and referred those requiring a provincial perspective to Saskatchewan Health.
Establish a media presence and manage media relations effectively.	Saskatoon Regional Health Authority and the Health Region coordinate all media inquires and responses through the Corporate and Public Affairs Department to ensure media access and support the effectiveness and timeliness of responses. The Health Region responded to 425 media inquiries in 2004-2005. The Health Region develops and delivers proactive stories to all media and generated 66 news releases over the year. Overall, Health Region personnel and/or services were mentioned in more than 700 media stories in the community.
Ensure the physical assets (i.e., facilities, equipment) owned or operated by the RHA and/or their affiliates and health care organizations support the provision of the expected range and volume of services.	Saskatoon Health Region continued to address the challenges in managing the current physical assets of the organization and its affiliates within available resources, focusing repairs, replacements, and improvements where the needs were highest and where provincial priorities and funding were established.
Ensure the facilities owned or operated by the RHA and/or their affiliates and health care organizations incorporate pro-active maintenance programs to protect the assets (facility and equipment).	In 2004-2005, developmental activities continued in the area of asset management, and to the extent that resources were available, priority maintenance work was completed to protect the Health Region's assets.
Collaborate in the development of long-range plans for major medical equipment replacement and facility renovations or replacements using the Facility Management Plan from *The Saskatchewan Health Capital Planning Guide* as reference.	Saskatoon Health Region continued to work within an asset management framework to plan effectively for medical equipment replacement and facility renovations or replacements.
Provide regular and timely reporting with respect to activities and operations such as: • Annual reports • Operational plans • Population health status	During the 2004-2005 year, Saskatoon Health Region completed and submitted its 2003-2004 annual report, its approved 2004-2005 operational plan, its draft 2005-2006 operational plan, and its 2004 health status report.
Submit quarterly reports on financial and available key performance/dashboard measures within 30 days following the end of the quarter.	Saskatoon Health Region submitted information as required to Saskatchewan Health for the provincial quarterly performance dashboard reports.

PROGRAM-SPECIFIC EXPECTATIONS AND PERFORMANCE

Saskatoon Health Region was directed to include in this annual report information on performance based on a selected number of program-specific expectations and indicators outlined in the **2004-2005 Accountability Document**.

Performance indicator	*SHR 2002-2003*	*SHR 2003-2004*	*SHR 2004-2005*	*Saskatchewan Health Region average*
Community care services				
Alcohol and drug inpatient treatment completion rate per 100 admissions – youth	n/a	52.8%	n/a	61.6% (2003-2004)
Alcohol and drug inpatient treatment completion rate per 100 admissions – adult	n/a	69.4%	n/a	70.3% (2003-2004)
Alcohol and drug outpatient completion rate per 100 admissions	n/a	43.7%	n/a	58.4% (2003-2004)
Population health services				
Genital chlamydia rate per 100,000 population - males	254.9 (2002)	246.9 (2003)	n/a	268.1 (2003)
Genital chlamydia rate per 100,000 population - females	385.8 (2002)	384.3 (2003)	n/a	473.4 (2003)
Influenza immunization rate per 100 population age 65 or over	62.7%	66.3%	n/a	65.8% (2003-2004)
Province-wide services				
Number of exams for specialized medical imaging services; magnetic resonance imaging (MRI) scans	8,509	8,884	11,156	n/a
Number of patients for specialized medical imaging services; magnetic resonance imaging (MRI) scans	4,247	4,170	5,543	n/a
Number of exams for specialized medical imaging services; computerized tomography (CT) scans	31,363	34,375	37,340	n/a
Number of patients for specialized medical imaging services; computerized tomography (CT) scans	19,785	21,350	22,773	n/a

The completion rate per 100 admissions to alcohol and drug treatment programs appears to be lower in Saskatoon Health Region than for Saskatchewan for inpatient youth programs and outpatient programs, in part due to some differences in how data is collected and tracked. Saskatoon Health Region's genital chlamydia rates per 100,000 population are lower than the provincial average, which is a positive result.

Flu immunization rates for the elderly are a key indicator of performance in health promotion and disease prevention. Saskatoon Health Region is close to the provincial average in this area of measurement.

The volumes of both exams and patients for MRI and CT scans have increased substantially over the past three years, consistent with national trends and initiatives to address wait times for these diagnostic services.

Province-wide services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	*2004-2005 Saskatoon Health Region performance*
Provide specialized hospital services or programs on a province wide or inter-regional basis at the same level of service as last year, unless otherwise negotiated.	Normal variations from different and changing health care needs as well as some inevitable fluctuation in organizational capacity to provide services had an impact on 2004-2005 service levels. However, the specialized hospital services provided by Saskatoon Health Region were generally consistent with 2003-2004 levels. Exceptions were primarily related to additional services that were funded through the special federal and provincial initiatives to address wait times for surgery and diagnostic imaging.
Begin submitting standardized reports for specialized hospital services and surgical services (to be developed).	Saskatoon Health Region worked with Saskatchewan Health in 2004-2005 to advance the development of standardized reports.
Monitor access to care, advise the Department when there are concerns (particularly for urgent patients and cancer patients), and identify strategies for addressing these concerns within the region, within the province or out of province, if necessary.	Throughout 2004-2005, Saskatoon Health Region monitored access to care, advised Saskatchewan Health of emerging issues on an ongoing basis, and undertook to address concerns on a timely and appropriate basis.
Provide full time hearing health clinics at select centres within the Saskatoon, Prairie North and Prince Albert Parkland regions; and provide part-time clinics at select sites within neighbouring regions throughout northern and central Saskatchewan. Services will be provided on a fee for service basis within a revised fee structure, as set by Saskatchewan Health (revised fee structure commenced on July 1, 2004).	Saskatoon Health Region provided hearing health clinics throughout 2004-2005 as required, and based on the Saskatchewan Health fee structure as of July 1, 2004.
Provide accessible, appropriate and effective inpatient treatment services for youth and adult populations for the province through the Calder Centre.	Saskatoon Health Region continued to operate the Calder Centre throughout 2004-2005, providing inpatient treatment services as required.
Provide accessible, appropriate and effective physical rehabilitation services for the province through Saskatoon City Hospital.	In 2004-2005, Saskatoon Health Region provided provincial physical rehabilitation services as required.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Provide specialized hospital services or programs on a province wide or inter-regional basis at the same level of service as last year, unless described below. These services are to include: cardiac programs, specialized imaging services (nuclear medicine, CT, bone density), endovascular surgery (AAA), specialized respiratory services, poison information services, medical illustration, medical genetics, maternal serum screening, Visudyne, ECPP, Lithotripsy, bleeding disorders, enterostomal therapy, and pediatric transport. The Region will provide a minimum of 10,970 MRI scans in 2004-05 and will manage an anticipated growth rate of 10% in dialysis patients in Northern Saskatchewan.	Normal variations from different and changing health care needs as well as some inevitable fluctuation in organizational capacity to provide services had an impact on 2004-2005 service levels for specialized hospital services that were province-wide or inter-regional in nature. However, the services provided by Saskatoon Health Region were generally consistent with 2003-2004 levels. In 2004-2005, Saskatoon Health Region provided 11,156 MRI scans. The Health Region continued to meet the increasing need for dialysis services, providing 26,441 dialysis treatments for 336 dialysis patients in 2004-2005.
Collaborate with the Saskatchewan Cancer Agency in the provision of cancer related services. Specifically, the RHA and the Saskatchewan Cancer Agency will collaborate to ensure the most effective delivery of diagnostic, treatment and support services related to cancer.	In 2004-2005, Saskatoon Health Region continued its collaboration with the Saskatchewan Cancer Agency in the provision of cancer-related services, including diagnostic, treatment and support services.

Acute care – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Meet the minimum expectations for each hospital as outlined in *The Action Plan for Saskatchewan Health Care*. Where a RHA finds it necessary to look at other options due to factors such as: difficulties in retaining minimum number of physicians and nurses; shrinking population; declining service levels; or ability to meet needs through other kinds of service delivery, the department expects regions to notify Saskatchewan Health and appropriate service providers. The RHA is also expected to develop a plan of action outlining goals for the facility and timeframes for achieving the goals.	Saskatoon Health Region met the minimum expectations for each of its ten hospitals as outlined in ***The Action Plan for Saskatchewan Health Care***.
Ensure access to appropriate inpatient and outpatient medical services for the population it serves (including networking and transfer arrangements for patients whose clinical needs cannot be met in the region's hospitals).	In 2004-2005, Saskatoon Health Region ensured access to services within the Health Region when possible, and transferred patients to other Health Regions and other provinces as required.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Operate provincial hospitals, district, and community hospitals as per Schedule 3. The Region will deliver a minimum of 33,000 surgical cases.	Saskatoon Health Region operated hospitals as required. In 2004-2005, the Health Region delivered a total of 34,206 surgical cases (32,629 Saskatoon, 1,162 rural and 415 long wait cases) and increased Saskatoon operating room hours from 45,570 in 2003-2004 to 46,156 in 2004-2005. An additional 575 hours were added for the long wait initiative cases.
Deliver surgical services in accordance with the provincial framework, policies and procedures developed through the Saskatchewan Surgical Care Network (SSCN). This includes monitoring and tracking of patients to ensure they receive care according to their level of need and within Saskatchewan's target time frames for surgical services. The Region will support the implementation and maintenance of the Surgical Patient Registry and ensure the use of standardized clinical tools for select procedures.	Saskatoon Health Region delivered surgical services in accordance with the provincial framework, policies and procedures as required in 2004-2005, continued to work closely with the Saskatchewan Surgical Care Network, and supported the evolution of the Surgical Patient Registry and the use of standardized clinical tools.

Medical / physician services / specialists – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Establish processes and work with specialists to ensue that continuous (24 hours/365 days) and ongoing call coverage is provided by those call rotations where the region/specialists have committed to Tier I coverage.	Each approved Tier 1 rotation in Saskatoon Health Region has consistently provided 24 hour/365 day call coverage throughout 2004-2005.

Institutional supportive care (long term care) – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Provide accessible, appropriate, safe and adequate long term care services (special care homes and/or designated long term care units in hospitals) either directly or through affiliation/contract to individuals whose needs cannot otherwise be met in the community.	Saskatoon Health Region, through its own operations and through a number of affiliates throughout the Health Region, provided long term care services as required throughout 2004-2005.
Complete the MDS/RUGs assessment and classification system, including the quality indicators component, and host the data centrally on the Saskatchewan Health databases.	Saskatoon Health Region continued to make progress in implementing the assessment and classification system.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Ensure that admissions to long term care facilities be for individuals whose needs cannot appropriately be met in the community.	The Health Region maintained an admission process for long term care to ensure that individuals who can have their needs met in the community are not admitted to institutional supportive care.
Ensure that respite care and day programming are part of the long term care continuum.	Respite care and day programming were maintained in Saskatoon Health Region's long term care facilities in 2004-2005.

Home-based supportive care – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Plan and deliver accessible (24/7), appropriate, effective and comprehensive home-based supportive care services, including: assessment and care coordination; nursing; personal care; respite; home management ; minor home maintenance; meals; and therapies.	Saskatoon Health Region's home-based supportive care services continued operations throughout 2004-2005, providing the range of services as required.
Deliver home care services to children with highly complex care needs for which the RHA has received specific funding.	In 2004-2005, Saskatoon Health Region delivered home care services to children with highly complex care needs where specific funding was provided.
Deliver home-based supportive care services as part of an integrated continuum of care.	Saskatoon Health Region's home-based supportive care services were delivered as part of an integrated continuum of care in 2004-2005, facilitated in part by the work of Client / Patient Access Services.
Work collaboratively with housing authorities and other stakeholders to assist seniors and people with disabilities in remaining independent.	In 2004-2005, Saskatoon Health Region continued intersectoral work with housing authorities and other stakeholders to support the continued independent living of seniors and people with disabilities.
Offer individualized funding and collective funding option to eligible persons.	Saskatoon Health Region offered individualized funding options where appropriate and where resources were available to support this alternative. Collective funding options were being developed through the 2004-2005 year, consistent with provincial direction.
Provide regular assessments of personal care home residents and provide professional home care services to personal care home residents based on assessed need.	Assessments were conducted through Client / Patient Access Services and then services were provided to individuals based on the assessments.
Implement the MDS-Home Care assessment and classification system.	In 2004-2005, the Health Region continued the process of implementation of the MDS-Home Care assessment and classification system.

Population health services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	*2004-2005 Saskatoon Health Region performance*
Develop and implement a Population Health Promotion Strategy, consistent with both local needs and the following provincial priorities: mental well-being, accessible nutritious food, decreased substance use/abuse and active communities.	Saskatoon Health Region developed and submitted a Population Health Promotion Strategy in 2004-2005. Implementation activities were limited based on availability of resources.
Develop plans and implement programs to achieve the goals identified in "Public Health/Population Health Services in Saskatchewan" (October 2001).	In 2004-2005, in the context of overall population health priorities for the Health Region, the Health Region continued its work on the goals in the 2001 report.
Maintain and deliver accessible, effective, comprehensive, and efficient: public health services; immunization services for vaccines in the Provincial Immunization Program, including routine childhood vaccines and targeted programs for influenza, pneumococcal, and Hepatitis B; health protection programs to minimize disease risk from environmental exposures; Medical Health Officer (MHO) services (ensuring that MHOs are available to: exercise powers of the local public health authority as delegated by the RHA and to provide leadership and professional expertise in the delivery of the full range of public health services including communicable disease control, population health promotion, chronic and communicable disease surveillance, intersectoral collaboration to promote health and prevent injury and disease and epidemiological analysis); and services to control or reduce the incidences of sexually transmitted infections (STIs).	Throughout 2004-2005, Saskatoon Health Region maintained and delivered public health, immunization, health protection, Medical Health Officer, and STI services, to the extent possible within available resources.
Enhance programming and services that are in place to reduce the adverse health and social consequences of injection drug use (harm reduction) and work with other partners to reduce injection drug use (primary prevention).	Saskatoon Health Region continued its efforts to work with other partners (such as the community interagency group) on preventing and reducing the negative consequences of injection drug use.
Report yearly FTE and staff costs for public health nursing, inspection, health promotion, nutrition and dental health.	Costs were reported by Saskatoon Health Region as required.
Enforce the smoke-free public place provisions of *The Tobacco Control Act*, (TCA) including issuing tickets and laying charges where appropriate.	In 2004-2005, the Health Region provided strong support for the introduction of the provincial Act and the municipal bylaws in Saskatoon and Humboldt as well as the Health Region's own policy respecting smoke-free places. The Health Region enforced compliance with the law, consistent with its commitment to health promotion and disease prevention.

Community care services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	*2004-2005 Saskatoon Health Region performance*
Plan and deliver accessible, effective, and comprehensive outpatient mental health services that promote, preserve and restore the mental health of the population, including: child and youth services, adult community services, and psychiatric rehabilitation services.	Saskatoon Health Region planned and delivered mental health services as required and as possible within available resources throughout 2004-2005, including child and youth services, adult community services, and psychiatric rehabilitation services.
Maintain the following programs: Successful Mothers Program, Adult Sex Offender Programs, Alternatives to Violence Programs, Child and Youth Coordinated Behaviour Management Initiative, and Early Skills Development Plan.	In 2004-2005, Saskatoon Health Region maintained the programs as required and as possible within available resources.
Plan and deliver accessible, appropriate, effective, and comprehensive Alcohol and Drug services, to provide assessment, referral, outpatient treatment, case management, prevention, education and intervention services, either directly or through agreements with health care organizations.	Saskatoon Health Region planned and delivered alcohol and drug services as needed and as possible within available resources throughout 2004-2005.
Maintain the following programs: Safe Driving Program, Methadone Program (Injection Drug Use Strategy), and Provincial Program Support Unit.	In 2004-2005, Saskatoon Health Region maintained the programs as required and as possible within available resources.
Plan and deliver accessible, appropriate, effective, and comprehensive problem gambling services. Including assessment referral, outpatient treatment, case management, prevention, education and intervention services, either directly or through agreements with health care organizations.	Saskatoon Health Region planned and delivered comprehensive problem gambling services as needed and as possible within available resources throughout 2004-2005.
Plan and deliver accessible, effective, podiatry with a revised fee structure as determined by Saskatchewan Health (revised fee structure to commence July 1, 2004).	The Health Region delivered podiatry services as needed and as possible within available resources throughout 2004-2005, based on the Saskatchewan Health fee structure as of July 1, 2004.
Plan and deliver accessible, effective and comprehensive rehabilitation services such as physical and occupational therapy and speech language pathology, including assessment, intervention, consultation, education and prevention programs.	Saskatoon Health Region planned and delivered comprehensive rehabilitation services as needed and as possible within available resources throughout 2004-2005. Access to specialized services remained very limited for the pediatric population.
Plan, implement, and deliver accessible and effective screening, assessment and diagnostic services for individuals with cognitive disabilities (for example, FASD), by October 1, 2004.	Saskatoon Health Region worked with provincial developmental efforts related to this service area.

Home-based acute and palliative care services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	*2004-2005 Saskatoon Health Region performance*
Plan and deliver accessible (24/7), effective and comprehensive home-based acute and palliative care services, including: assessment and care coordination, nursing, personal care, home management, respite, minor home maintenance, meals, and therapies.	Saskatoon Health Region planned and delivered home-based acute and palliative care services as needed and as possible within available resources throughout 2004-2005.
Deliver services to children with highly complex care needs for which the RHA has received specific funding. (Complex care services may be designated to a different "funded area" – to be determined.)	In 2004-2005, Saskatoon Health Region delivered home-based acute and palliative care services to children with highly complex care needs where specific funding was provided.
Deliver home-based acute and palliative services as part of an integrated continuum of care (region and province-wide).	Saskatoon Health Region's home-based acute and palliative care services were delivered as part of an integrated continuum of care in 2004-2005, facilitated in part by the work of Client / Patient Access Services.

Primary health services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	*2004-2005 Saskatoon Health Region performance*
Implement the core elements of The Saskatchewan Action Plan for Primary Health Care including: Development and implementation of strategies to increase the percentage of population with access to a primary health care team; and Ensure public, intersectoral and frontline staff representation on planning/steering committee.	Saskatoon Health Region continued to make progress in 2004-2005 in implementing primary health initiatives consistent with provincial direction in the Action Plan and ensured public, intersectoral and staff involvement in the planning and implementation work.
Integrate health centres as part of primary health care teams.	Saskatoon Health Region continued to make progress in integrating health centres into the primary health team structure.
Update and implement a Primary Health Care and Diabetes Plan, consistent with local needs and the document "Guidelines for the Development of a Regional Health Authority Plan for Primary Health Care Services".	Saskatoon Health Region submitted the updated plan in September of 2004.
Develop new primary health care central teams in 2004-05 as defined in "Guidelines for the Development of a Regional Health Authority Plan for Primary Health Care Services".	Saskatoon Health Region established a team at the Saskatoon Community Clinic and advanced the development of other teams.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Designate a minimum of two full time dedicated primary health care positions.	Saskatoon Health Region has designated one General Manager and two full-time staff for Primary Health.
Provide quarterly reports on all Primary Health Care revenues and expenditures.	Saskatoon Health Region provided quarterly reports as required.
Provide Saskatchewan Health any primary health care contracts that the RHA enters into with physicians, physician partnerships, Registered Nurse, Nurse Practitioner (RN[NP]), community clinics or universities.	Saskatoon Health Region submitted copies of primary health contracts to Saskatchewan Health as part of its 2005-2006 draft operational plan submission in December of 2004.
Participate in the evaluation of primary health services (both demonstration sites established prior to or on April 1, 2002 and at provincial level).	Saskatoon Health Region participated in the evaluations conducted during the 2004-2005 year.
Maintain primary health care teams and an RN (Nurse Practitioner) at the following locations: White Buffalo Youth Lodge/Nutana Collegiate; Primary Health Centre South-East; Borden; University of Saskatchewan Student Health Centre; Strasbourg; and Wynyard. Saskatchewan Health will maintain contracts for the following locations: Saskatoon City Centre project (facility); Strasbourg; Saskatoon Community Clinic; and Department of Family Medicine Saskatoon (facility). ***Note:*** The services and locations are negotiable if it can be demonstrated that a change will result in improved access or improved quality of care.	Saskatoon Health Region maintained teams as required in 2004-2005.
Provide timely 24/7 access to a primary health care provider.	Access was available through the Health Region's emergency, on call and other programs as well as directly with individual health care providers and group practices located in the Health Region.
Provide interdisciplinary team facilitation training plus team facilitation in two (2) new primary health care central teams.	Team facilitation training and team facilitations were provided in 2004-2005.

Emergency response services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Provide timely access to 24/7 emergency medical services with appropriately trained providers. ***Note:*** The number of services and sites is negotiable if it can be demonstrated that a change will result in improved quality and/or more timely service.	Throughout the Health Region in 2004-2005, Saskatoon Health Region provided timely access to 24/7 emergency medical services, with appropriately trained providers.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Work with the department and other regions to reduce the total number of waiting time hours billed to patients. Collaborative efforts among regions will be required to reduce waiting time through improved hospital scheduling (for example, diagnostics) and emergency dispatch processes.	Process improvements were implemented to improve the wait times in 2004-2005.
As agreements for ambulance services and emergency medical services dispatch are renewed, use the common agreement models developed by the Emergency Medical Services Working Group.	Saskatoon Health Region renewed agreements in 2004-2005 based on the established models.
Maintain ALS ambulance services as per Schedule 3.	The Health Region maintained ambulance services as required.

Mental health and addictions services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Operate inpatient mental health services that are accessible, appropriate, and effective.	Saskatoon Health Region operated inpatient mental health services as needed and within available resources throughout 2004-2005.
Provide accessible, appropriate and effective, alcohol and drug detoxification services.	Saskatoon Health Region provided alcohol and drug detoxification services through the operation of the Larson House brief detox unit as well as for Calder Centre and addictions outpatients.

Medical / physician services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	2004-2005 Saskatoon Health Region performance
Work collaboratively with the department to establish and implement standardized systems of measuring and reporting medical workload/services.	Saskatoon Health Region continued to work with Saskatchewan Health on this issue.
Participate in the development and implementation of a standardized provincial bargaining framework for regionally administered physician services. As well, the RHA will adhere to the principles of the standardized framework in managing medical compensation/service issues.	Saskatoon Health Region continued to participate in the provincial developmental work related to a standardized provincial bargaining framework for regionally administered physician services.

Progam support services – expectations and performance

The following table notes the expectations outlined in the **2004-2005 Accountability Document** and provides a summary statement of Saskatoon Health Region's performance in meeting the expectations.

2004-2005 expectations established by Saskatchewan Health	*2004-2005 Saskatoon Health Region performance*
Ensure that administration expenses do not exceed levels established in the Financial Plan (subject to the parameters established in the funding pool reallocation policy).	Saskatoon Health Region administration expenses did not exceed the target level of 5% in 2004-2005 with the exception of additional technology investments.
Have a single accounting system.	Saskatoon Health Region maintained its single accounting system in 2004-2005.
Work with HCOs, CBOs and private EMS operators to ensure relevant, timely and accurate financial reporting for contracted services.	Saskatoon Health Region worked with organizations to ensure GAAP-compliant reporting.
Promote innovation, performance and process improvement in the delivery of goods and services within the health region (materials management).	Saskatoon Health Region continued to enhance its materials management function in purchasing goods and services.
Build support amongst the public and key health system stakeholders for its role / operational plan.	The Saskatoon Regional Health Authority approved the 2004-2005 operational plan at a meeting open to the public.
Work with other health regions and Saskatchewan Health to ensure the health region appropriately addresses local issues and Saskatchewan Health appropriately addresses provincial issues.	Saskatoon Health Region fulfilled responsibilities for addressing local issues and continued to work with Saskatchewan Health on a range of issues that were of provincial interest.
Have a single payroll system.	Saskatoon Health Region maintained a single payroll system in 2004-2005 with the exception of several affiliates (both private sector and not-for-profit).
Establish a media presence and manage its media relations in an efficient and effective manner.	Saskatoon Regional Health Authority and senior management of Saskatoon Health Region ensured both responsive and proactive activities in establishing and maintaining a media presence, including issuing press releases, holding press conferences, and being available for media interviews. Following is a listing of news releases posted on the Saskatoon Health Region website during the 2004-2005 year.

NEWS RELEASES POSTED ON SASKATOON HEALTH REGION WEB SITE 2004-2005

March 16	The Health Show Dedicates Full Episode to Nutrition	March 16	Saskatoon Regional Health Authority Agenda -- March 16 Meeting
March 10	Province Announces Surgical Suite Funding (Sask Health news release)	March 7	Parkridge Team Canada Jersey for Auction
March 4	Province Announces Patient Care and Staff Safety Funding (Sask Health news release)	March 1	Public Health... A Century of Change
February 22	Saskatoon Health Region Receives Three-Year Accreditation Standing	February 22	Agenda Items for Saskatoon Regional Health Authority Public Meeting
February 21	Saskatoon Regional Health Authority Board Members Appointed	February 21	Province Announces Health Infrastructure Funding (Sask Health news release)
February 21	Province Names Authority Board Members (Sask Health news release)	February 10	Strasbourg Should Stay Within Saskatoon Health Region
January 29	Gift Will Support Critical Care Services	January 25	Authority Meeting for Jan 25
January 21	Seven Saskatchewan Hospitals Working Together To Improve Patient Care, Safety In Adult Intensive Care Units	January 19	Use Emergency Departments for Emergencies Only
January 11	The Health Show Returns With Milestone Season Providing Health Information That Matters To You	January 3	Saskatoon Health Region applauds amendment to the Tobacco Control Act
December 20	In motion challenges Saskatoon and Region to stay "winter active"!	December 14	The Health Show Reaches Milestone Season
December 8	Malaria - Fact Sheet	December 2	Brief Detox Unit Open and Accepting Clients
November 27	Brief Detoxification Unit Opens in Saskatoon	November 16	Saskatoon Regional Health Authority Public Meeting Agenda Items
November 15	Gift Will Help To Attract Young Physicians to the Province	November 9	Improved mental health and addictions services for youth
November 1	Saskatoon Police Services Help Save 2 Lives In Partnership With The Saskatoon Heartsafe Program	October 28	Health Region Family Physicians Taking New Patients
October 27	Saskatoon Regional Health Authority Regular Public Meeting being held in Humboldt, Thursday, Oct 28	October 20	Official Opening for Saskatoon City Hospital Rependa Memorial Education Resource Centre
October 18	Health Region urges high risk groups to get their flu shot now	October 13	Saskatoon Health Region Opens a New Starbucks Location
October 7	Royal Care Campaign Launched	September 30	Saskatoon Health Region Prepares for Flu Season
September 30	New Deputy Medical Health Officer brings unique experience	September 28	Independent review of regional ER services complete
September 15	Reduce inequities, says Health Status 2004 Report	September 15	Saskatoon Regional Health Authority Public Meeting Agenda Items
September 10	Saskatoon Regional Health Authority Releases 2003-04 Annual Report	September 7	Saskatoon City Hospital's back-up power fully operational
September 2	Saskatoon City Hospital taking precautionary measures in wake of back-up power problem	August 8	Saskatoon Health Region Welcomes New Eye Specialists
July 30	West Nile Virus Confirmed in Saskatoon Health Region Birds	July 26	Health Region Authority and Administration Relocation Frees Up Valuable Hospital Space
July 22	Possibility of West Nile Virus Increases	July 7	Approved Mental Health Home Program Gets Good Marks
June 29	College of Physicians and Surgeons Concludes Review of ER Charts at Royal University Hospital	June 28	Balanced Budget Maintains Health Services and Provides Funding for Capital Projects
June 23	in motion "Activity Spotter" will be on the in motion Sunday Promenade on June 27th	June 21	Over 6000 Children Treated at Pediatric Intensive Care Unit In Past 20 Years
June 16	Health Region Implements New Service to Speed Up the Transfer of Patients	June 10	Saskatoon and Area Residents Continue to Receive Some of the Best Health Care in Canada
June 10	Saskatoon Health Region Honours 1000+ Staff and Physicians For Years of Long Service	June 9	Get "in motion" on the in motion Sunday Promenade
June 8	Saskatoon Health Region Announces Revenue Generating Initiative at Royal University Hospital	June 1	Palliative Home Care Program Celebrates 20 Years
May 28	Jim Fergusson Leaving Post; Jean Morrison Named Interim CEO	May 28	Launch of Smoke-Free Saskatoon Campaign
May 27	Parkridge Centre Staff Achieve National Award	May 7	Rehabilitation Centre Celebrates 10th Anniversary
May 5	Health Region Offers Free Anxiety Screenings	May 4	Nutrition Positive Debuts Theme Song
April 19	Kick-off for Organ Donor and Tissue Awareness Week	April 16	Health Region Achieves Good Results in Stroke Management
April 5	Health Region Moving Ahead With Initiatives Related to Emergency Care in Saskatoon		

CURRENT FINANCING ARRANGEMENTS

Saskatoon Health Region did not incur any new debt in 2004-2005, and did not enter into any major new leasing arrangements.

ANALYSIS OF VARIANCES BETWEEN PLANNED AND ACTUAL RESULTS FOR GOALS AND OBJECTIVES

Saskatoon Health Region ended the 2004-2005 year with a surplus of $2.1 million or 0.37% of the operating expenditures. The surplus was primarily due to preferred accommodation and non-resident revenue being $900,000 greater than budgeted as a result of rate increases and increased utilization. In addition, parking and rental revenue was $500,000 greater than budgeted levels due to rate increases implemented during the fiscal year.

Given the unanticipated revenue increases, the Health Region made a one-time investment in two areas which have been experiencing significant pressure. A $1 million investment was made in information technology infrastructure to replace servers, computers and other equipment. Saskatoon Health Region also provided additional funding to its health care partners to address patient and staff safety issues with a special investment in lifts, slings, mattresses and electric beds. The Health Region made similar safety investments within its owned and operated facilities as well.

CHALLENGES AND FUTURE DIRECTIONS

Saskatoon Health Region faces ongoing challenges in many areas as it works to plan and deliver health services consistent with population health needs and provincially directed priorities for the health system. In looking ahead, a number of themes will necessarily receive significant attention as Saskatoon Health Region positions the organization to deliver quality services.

ENSURING A SAFETY FOCUS

Safety must be a fundamental focus in the provision of health care. Saskatoon Health Region has growing concerns about safety risks to patients, clients and residents receiving services; risks to health care providers; and risks to its physical assets. The risks cannot be viewed in isolation. Deficiencies in buildings, equipment / tools, and information technology can compromise the safety and effectiveness of health care providers in providing services, which can have a direct negative impact on clients, residents and patients.

ADDRESSING WAIT TIMES FOR SERVICES

Wait times for services are a continuing concern for Saskatoon Health Region, and are affected by the availability of financial and human resources to provide the services and by changes in the level of need for services. Wait times for surgery and diagnostic imaging have a very high public profile, and will continue to be a priority for the Health Region. However, concerns about wait times also extend to a number of community-based programs, including timely access to mental health counselling and speech language pathology services.

SECURING STABILITY AND RELIABILITY OF SYSTEM INFRASTRUCTURE

The stability and reliability and enhancement of Saskatoon Health Region's system infrastructure, particularly our information technology resources, is central to the organization's capacity to plan, manage, and deliver services now and into the future. Consistent and ongoing investment and renewal is required on this front and is essential in order to position the organization for health care advances such as the electronic health record.

PREPARING FOR CHANGE AS THE WORKFORCE AGES, HEALTH NEEDS CHANGE, AND KNOWLEDGE AND TECHNOLOGY EVOLVES

By 2008, one in every three Saskatoon Health Region staff will be eligible to retire. This reality creates significant challenges for the organization in succession planning, and will require a strong focus on recruitment, development and retention. The Health Region also needs to position the organization to respond effectively to changing health care needs as the population ages.

The health system must continually change and evolve as care needs, practices, technology and knowledge change. This challenges the system and workforce to continually adapt to meet future needs.

ALIGNING AND INTEGRATING SERVICES

Saskatoon Health Region continues to focus on aligning and integrating services across the Health Region, including advancing the work done to date on alignment of services across the three Saskatoon hospitals to address program and capacity issues and the Children's Hospital concept. The Health Region will also continue to be involved in the planning for the new health sciences building at the University of Saskatchewan.

BUILDING AND SUSTAINING PUBLIC CONFIDENCE

Public confidence in the health care system and in Saskatoon Health Region is essential. Building and sustaining this confidence is primarily dependent on the delivery of quality services, but it also requires concerted and consistent attention to public concerns as they arise. Public confidence is also related to understanding of the health care system. For example, the value from integrating health services within a regional structure and taking a multidisciplinary approach across the system is proven, but needs to be more broadly understood.

COLLABORATING TO ADDRESS ABORIGINAL HEALTH ISSUES

Saskatoon Health Region will need to continue to work with key stakeholders in planning and delivering services that are responsive and culturally sensitive to the health needs of the aboriginal population, particularly in the areas of health promotion and disease prevention and the management of chronic diseases.

PROVIDING LEADERSHIP AS A PROVINCIAL RESOURCE

Saskatoon Health Region is a provincial resource and referral center for many programs, providing services to people from across the province. This role will continue to demand leadership from the Health Region in planning to meet future needs.

MAKING STRATEGIC INVESTMENTS FOR THE FUTURE

Much of the focus on health care is related to current challenges and deficiencies. Saskatoon Health Region will endeavour to position the organization to make strategic investments that will help prevent disease and disability in the population, support effective management of chronic disease, and improve health care delivery processes.

MANAGEMENT REPORT AND FINANCIAL SUMMARIES

May 2, 2005

SASKATOON HEALTH REGION REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Saskatoon Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Health Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit Committee. The Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit Committee, approves the financial statements.

J Morrison

Jean Morrison
Interim Chief Executive Officer

Deborah Rhodes

Deborah Rhodes, C.A.
Chief Financial Officer

kpmg

Financial Statements of

SASKATOON REGIONAL HEALTH AUTHORITY

Year ended March 31, 2005

kpmg

KPMG LLP
Chartered Accountants
600 - 128 Fourth Avenue South
Saskatoon SK S7K 1M8

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Telefax (306) 934-6233
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AUDITORS' REPORT TO THE AUTHORITY MEMBERS

We have audited the statement of financial position of Saskatoon Regional Health Authority as at March 31, 2005 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants

Saskatoon, Canada
May 2, 2005

SASKATOON REGIONAL HEALTH AUTHORITY

Statement of Financial Position
(in thousands of dollars)

March 31, 2005, with comparative figures for 2004

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2005	Total 2004 (Note 11)
Assets					
Current assets:					
Cash and short-term investments (schedule 2)	$ 34,535	$ 12,583	$ 205	$ 47,323	$ 21,114
Accounts receivable:					
Saskatchewan Health	2,450	839	–	3,289	7,873
Other	10,190	271	–	10,461	9,682
Inventory	5,027	–	–	5,027	5,439
Prepaid expenses	834	–	–	834	2,973
Interfund balance	–	–	–	–	736
	53,036	13,693	205	66,934	47,817
Capital assets (note 3)	–	213,539	–	213,539	231,335
	$ 53,036	$ 227,232	$ 205	$ 280,473	$ 279,152
Liabilities and Fund Balances					
Current liabilities:					
Accounts payable	$ 28,791	$ 4,730	$ –	$ 33,521	$ 26,184
Accrued salaries	16,379	–	–	16,379	16,422
Vacation payable	26,773	–	–	26,773	24,852
Long-term debt - current (note 6)	–	8,358	–	8,358	10,832
Deferred revenue (note 7)	7,979	–	–	7,979	5,943
Interfund balance	–	–	–	–	736
	79,922	13,088	–	93,010	84,969
Long-term debt (note 6)	–	5,481	–	5,481	4,108
	79,922	18,569	–	98,491	89,077
Fund balances:					
Invested in capital assets	–	199,700	–	199,700	216,395
Externally restricted (schedule 3)	–	–	205	205	232
Internally restricted (schedule 4)	–	387	–	387	345
Unrestricted	(26,886)	8,576	–	(18,310)	(26,897)
	(26,886)	208,663	205	181,982	190,075
Commitments and contingencies (notes 4 and 5)					
	$ 53,036	$ 227,232	$ 205	$ 280,473	$ 279,152

See accompanying notes to financial statements.

On behalf of the Authority:

_____ Director _____ Director

SASKATOON REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances
(in thousands of dollars)

Year ended March 31, 2005, with comparative figures for 2004

	Operating Fund			Restricted Funds			
	Budget 2005	2005	2004 (Note 11)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (Note 11)
Revenue:							
Saskatchewan Health	$ 541,205	$ 542,570	$ 502,591	$ 16,992	$ –	$ 16,992	$ 7,781
Other provincial	8,817	8,900	8,652	–	–	–	–
Federal government	466	431	517	–	–	–	–
Patient fees	9,059	8,540	9,013	–	–	–	–
Out of province (reciprocal)	4,715	4,692	3,948	–	–	–	–
Out of country	429	759	471	–	–	–	–
Donations	–	64	30	2,153	–	2,153	4,260
Investment	143	357	294	295	10	305	327
Ancillary	7,600	9,669	3,285	–	–	–	15,587
Recoveries	4,831	6,853	5,382	–	–	–	805
Other	2,865	2,671	1,992	1,144	–	1,144	494
	580,130	585,526	536,175	20,584	10	20,594	29,254
Expenses:							
Province-wide acute care services	33,809	33,729	31,468	–	–	–	–
Acute care services	305,584	302,500	285,299	–	–	–	–
Physician compensation-acute	31,123	33,729	29,290	–	–	–	–
Supportive care services	93,321	94,981	86,991	–	–	–	63
Home based service-supportive care	20,703	20,036	19,485	–	–	–	–
Population health services	13,666	13,699	13,552	–	–	–	–
Community care services	22,264	21,315	21,193	–	–	–	1
Home based services - acute and palliative	3,798	3,819	3,262	–	–	–	–
Primary health care services	3,982	4,451	3,631	–	–	–	94
Emergency response services	5,168	5,205	5,005	–	–	–	2
Mental health services	5,390	5,413	5,245				–
Addictions services	543	1,253	535	–	–	–	–
Physician compensation-community services	1,819	1,626	1,314	–	–	–	–
Program support services	28,591	31,104	29,656	30,824	5	30,829	34,657
Special funded programs	6,084	5,690	5,476	–	–	–	–
Ancillary	4,305	4,835	1,159	–	–	–	13,134
Total expenses (schedule 1)	580,130	583,384	542,561	30,824	5	30,829	47,951
Excess (deficiency) of revenue over expenses	–	2,142	(6,386)	(10,240)	5	(10,235)	(18,697)
Fund balances, beginning of year	–	(28,814)	(22,428)	218,657	232	218,889	237,586
Interfund transfers	–	(214)	–	246	(32)	214	–
Fund balances, end of year	$ –	$ (26,886)	$ (28,814)	$ 208,663	$ 205	$ 208,868	$ 218,889

See accompanying notes to financial statements.

SASKATOON REGIONAL HEALTH AUTHORITY

Statement of Cash Flows
(in thousands of dollars)

Year ended March 31, 2005, with comparative figures for 2004

	Operating Fund		Restricted Funds			
	2005	2004 (Note 11)	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004 (Note 11)
Cash provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	$ 2,142	$ (6,388)	$ (10,240)	$ 5	$ (10,235)	$ (18,697)
Net change in non-cash working capital (note 8)	12,731	5,145	4,976	–	4,976	(1,483)
Amortization of capital assets	–	–	29,489	–	29,489	32,249
	14,873	(1,241)	24,125	5	24,130	12,069
Purchase of capital assets						
Building/construction	–	–	(4,880)	–	(4,880)	(9,431)
Equipment	–	–	(6,813)	–	(6,813)	(4,813)
	–	–	(11,693)	–	(11,693)	(14,244)
Issuance of long-term debt	–	–	–	–	–	2,815
Repayment of long-term debt	–	–	(1,101)	–	(1,101)	(860)
	–	–	(1,101)	–	(1,101)	1,955
Net increase (decrease) in cash and short-term investments during the year	14,873	(1,241)	11,331	5	11,336	(220)
Cash and short term investments, beginning of year	19,676	21,117	1,006	232	1,238	1,458
Interfund transfers	(214)	–	246	(32)	214	–
Cash and short term investments, end of year	$ 34,535	$ 19,876	$ 12,583	$ 205	$ 12,788	$ 1,238

See accompanying notes to financial statements.

SASKATOON REGIONAL HEALTH AUTHORITY

Notes to Financial Statements
(in thousands of dollars)

Year ended March 31, 2005

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1. Legislative authority:

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan.

On coming into force, the Act terminated the membership of the individual District Health Boards. All assets, liabilities, rights, and obligations of the District Health Boards continued as the assets, liabilities, rights, and obligations of the Regional Health Authority. All contracts with the District Health Boards remain in effect until repealed or replaced by the Regional Health Authorities.

The Saskatoon Regional Health Authority ("SRHA") was created by the Act. SRHA is responsible for the planning, organization, delivery and evaluation of health services it is to provide (The Act, Section 27) within the geographic area known as the Saskatoon Health Region.

2. Significant accounting policies:

These financial statements are prepared in accordance with Canadian generally accepted accounting principles and include the following significant accounting policies:

(a) Amalgamation of Organizations:

The Act and regulations under the Act assign SRHA the responsibility to co-ordinate and deliver certain institutional and community based health services. To meet this responsibility, certain health care organizations ("HCOs") have periodically been amalgamated with SRHA. In the 2004-05 fiscal year, Larson Intervention House Incorporated was amalgamated with the SRHA. The impact of this amalgamation on the financial statements of SRHA was not material.

(b) Health Care Organizations:

i) SRHA has entered into an joint service management partnership with one of its affiliates, St. Paul's Hospital (Grey Nuns) of Saskatoon ("St. Paul's"). By agreement, SRHA and St. Paul's were each given responsibility for the management of designated care groups and support services. As a result of this relationship, the financial statements of St. Paul's have been consolidated with the financial statements of SRHA. Transactions between SRHA and St. Paul's and inter-organization balances have been eliminated. The Affiliation Agreement with St. Paul's expired March 31, 2005, but was extended to June 30, 2005.

2. Significant accounting policies - continued:

(b) Health Care Organizations - continued:

ii) In addition to St. Paul's, SRHA has entered into Affiliation Agreements with the following healthcare organizations:

Bethany Pioneer Village Inc.
Central Haven Special Care Home Inc.
Circle Drive Special Care Home Inc.
Duck Lake and District Nursing Home Inc.
Jubilee Residence Inc. (Stensrud Lodge)
Jubilee Residences Inc. (Porteous Lodge)
Lakeview Pioneer Lodge Inc.
Luther Care Communities (Lutheran Sunset Home)
Mennonite Nursing Home Inc.
Oliver Lodge
Saskatoon Convalescent Home
Sherbrooke Community Society Inc.
Spruce Manor Special Care Home Inc.
St. Ann's Senior Citizens Village Corporation
St. Elizabeth's Hospital of Humboldt
St. Joseph's Home for the Aged
Strasbourg and District Health Centre
Sunnyside Adventist Care Centre
Warman Mennonite Special Care Home Inc.

SRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SRHA financial statements. Note 10 b) i) provides supplementary information on the financial position, results of operations, and cash flows of these affiliates.

2. Significant accounting policies - continued:

(b) Health Care Organizations - continued:

iii) The SRHA has agreements with and grants funding to the following community based organizations (CBOs) and third parties to provide health services:

Cosmopolitan Industries Ltd.
Crocus Cooperative
Canadian Mental Health Association
Elmwood Lodge
George Bailey Counselling Centre
Hansen's Ambulance Service
Humboldt and District Ambulance Service
Langham Senior Citizens Home
Lanigan and District Ambulance Association
M.D. Ambulance Care Ltd
Midway Ambulance Care Ltd.
Preston Nursing Home, Saskatoon of Extendicare (Canada) Inc.
Quill Plains Ambulance Care Ltd.
Rosthern and District Ambulance
Saskatoon Crisis Intervention Services, Inc.
Saskatoon Housing Coalition, Inc.
Saskatoon Society for Autism Inc.
Senior Sisters of Sion Residence
Shamrock Ambulance Care Inc.
Wakaw Ambulance Service
Wynyard and District Health Clinic

Note 10 b) iii) provides disclosure of payments to CBOs and third parties.

2. Significant accounting policies - continued:

(c) Foundations:

The following Foundations raise funds exclusively for programs and equipment for facilities under the SRHA:

Royal University Hospital Foundation Inc.
Saskatoon City Hospital Foundation Inc.
St. Paul's Hospital Foundation Inc.
Watrous Community Health Foundation Inc.
Last Mountain Pioneer Home Inc.
Rosthern Hospital Foundation Inc.

The Foundations are incorporated under *The Non-Profit Corporations Act* and are registered charities under *The Income Tax Act*.

These financial statements do not include the financial activities of the Foundations. Note 10 b) ii) describes the financial position and results of operations and cash flows of these Foundations.

(d) Fund accounting:

The accounts of SRHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of SRHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of SRHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

2. Significant accounting policies - continued:

(d) Fund Accounting - continued:

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to SRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in SRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between SRHA and the health corporations.

(e) Revenue:

Unrestricted contributions are recognized as revenue in the operating fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are deferred and recognized as revenue of the operating fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

(f) Capital assets:

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Asset	Rate
Buildings	2.5% to 10%
Land improvements and leasehold improvements	5% to 10%
Equipment	10% to 20%

Donated capital assets are recorded at their fair value at the date of contribution if fair value can be reasonably determined.

2. Significant accounting policies - continued:

(g) Inventory:

Inventory consists of medical and surgical supplies, drugs, laboratory supplies, linen and other general supplies. All inventories are valued at cost as determined on the weighted average basis.

(h) Investments:

Investments are valued at the lower of cost or net realizable value.

(i) Pensions:

Employees of SRHA participate in several multi-employer defined pension plans or a defined contribution plan. SRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, SRHA expenses all contributions it is required to make in the year.

(j) Measurement uncertainty:

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital assets:

			2005	2004
	Cost	Accumulated amortization	Net book value	Net book value
Land	$ 1,074	$ –	$ 1,074	$ 1,074
Land improvements	2,209	2,193	16	107
Buildings	403,080	216,842	186,238	196,908
Furniture and equipment	220,405	199,501	20,904	26,179
Construction in progress	5,307	–	5,307	7,067
	$ 632,075	$ 418,536	$ 213,539	$ 231,335

4. Commitments:

a) Capital asset acquisitions

At March 31, 2005, commitments for the acquisition of capital assets were $13.1 million (2004 - $4.6 million).

b) Saskatoon Square Limited Partnership

SRHA holds a 10% interest in the Saskatoon Square Limited Partnership. SRHA's share of earnings from the partnership, accounted for on the equity basis as other income, was $75 thousand for the year ended March 31, 2005.

In addition to its interest in the partnership, SRHA has entered into a 10 year lease for office space for $250 thousand per year, plus operating costs, included in operating lease commitments below.

c) Operating leases

Minimum annual rentals under operating leases and maintenance contracts on property and equipment over the next five years are as follows:

2006	$ 7,340
2007	7,245
2008	7,245
2009	7,245
2010	7,245

5. Contingencies:

a) Legal claims:

SRHA, along with others, is a defendant to several claims which have been brought against it over the years as a result of its medical operations. SRHA believes these claims are without merit or are covered by insurance. Settlements, if any, in excess of insurance coverage, would be accounted for as a charge against operations in the period in which settlements arise.

5. Contingencies - continued:

b) Joint job evaluation reconsiderations:

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time the Steering Committee has not yet reached any final decisions regarding the reconsiderations. As the final results of the reconsideration process are currently unknown, the cost of the reconsiderations cannot be reasonably determined.

c) Collective agreements:

The collective bargaining agreements for HSAS and SEIU expired March 31, 2004. No new collective agreement has been signed and no provision has been provided for in these statements.

6. Long-term debt:

Title of Issue	Interest Rate	Monthly Repayment Terms (not in thousands)	2005	2004
Manitou Lodge, Watrous - CMHC mortgage	8.0%	$1,391 principal and interest. Mortgage renewal and due date August 1, 2025	$ 169	$ 173
St. Mary's Villa, Humboldt - CMHC mortgage	8.0%	$4,213 principal and interest. Mortgage renewal and due date March 1, 2027	528	537
Puffer Special Care Home Corporation, Nokomis - CMHC mortgage	4.5%	$3,619 principal and interest of which $922 is subsidized by SHC. Mortgage renewal date February 1, 2015, due date November 1, 2021	508	525
Pleasant View Care Home, Wadena - CMHC mortgage	4.5%	$14,106 principal and interest of which $13,000 is subsidized by SHC. Mortgage renewal date February 1, 2015, due date November 1, 2024	2,206	2,262
Cudworth Nursing Home, Cudworth - CMHC mortgage	6.9%	$1,183 principal and interest. Mortgage renewal and due date August 1, 2019	130	136
Quill Plains Centennial Lodge, Watson - CMHC mortgage	7.5%	$663 principal and interest. Mortgage renewal and due date February 1, 2023	79	81
Quill Plains Centennial Lodge, Watson - CMHC mortgage	5.4%	$645 principal and interest. Mortgage renewal and due date September 1, 2016	67	71
Central Parkland Lodge, Lanigan - CMHC mortgage	8.0%	$2,342 principal and interest. Mortgage renewal and due date August 1, 2025	285	291

6. Long-term debt - continued:

Title of Issue	Interest Rate	Monthly Repayment Terms (not in thousands)	2005	2004
Golden Acres, Wynyard - CMHC mortgage	7.6%	$852 principal and interest. Mortgage renewal and due date August 1, 2023	102	104
Golden Acres, Wynyard - CMHC mortgage	5.4%	$256 principal and interest. Mortgage renewal and due date December 1, 2016	27	28
RM of Kutawa, Wynyard - CUCORP Commercial Loan	6.9%	$380 principal and interest. Due on demand	7	20
RM of Big Quill, Wynyard - CUCORP Commercial Loan	6.9%	$3,888 principal and interest. Due on demand	71	113
RUH Parkade Expansion, Saskatoon - RBC Banker's Acceptance	5.8%	Revolving credit facility renewable annually to June, 2013	7,488	8,195
Del Haven Loan, Saskatoon - RBC Commercial Loan	Prime + 1%	$7,790 principal and interest. Due on demand	99	185
Sterling Building, Saskatoon - RBC Commercial Mortgage	5.2%	$19,177 principal and interest. Mortgage renewal April 1, 2010 and due date April 1, 2014	1,655	1,709
Sterling Building, Saskatoon - RBC Term Loan, unsecured	Prime	$9,197 principal and interest. Due on demand	418	510
			13,839	14,940
Less current portion			8,358	10,832
			$ 5,481	$ 4,108

6. **Long-term debt - continued:**

SRHA has reduced its exposure to interest rate fluctuations by entering into an interest rate swap on the full amount of its revolving credit facility for the RUH Parkade expansion. The interest rate swap effectively fixes the interest rate on the debt at 5.8% until June, 2013.

The fair value of the interest rate swap is recorded on the statement of financial position with changes in fair value reflected as capital fund expense. At March 31, 2005, the market value loss on the interest rate swap was $368 thousand (2004 - $621 thousand).

For each of the CMHC mortgages, the SRHA has pledged the related buildings as security. An assignment of rental revenue has also been taken as security on the Nokomis Health Centre CMHC Loan. CUCORP loans are secured by the assignment of future funding from rural municipalities. The Royal Bank loans are secured by general securities agreements and assignments of rents and leases.

Principal repayments required in each of the next five years and thereafter are estimated as follows:

2006	$	8,358
2007		290
2008		305
2009		321
2010		338
Thereafter		4,227
	$	13,839

7. Deferred revenue:

	Balance beginning of year	Less amount recognized from Health	Add amount received from Health	Less amount recognized from other sources	Add amount received from other sources	Balance end of year
Acute	$ 1,060	$ (371)	$ 1,118	$ (160)	$ 363	$ 2,010
CHIPP (Telehealth)	233	(1,124)	1,236	–	–	345
Clinical education and training	326	–	–	–	–	326
Medical remuneration	765	–	500	–	–	1,265
Trust accounts	322	–	–	(18)	–	304
Academic detailing	245	(366)	333	–	–	212
Community	1,360	(330)	388	(539)	499	1,378
Acquired Brain Injury flex funds	140	–	–	(547)	561	154
Active living strategy	28	(28)	–	–	–	–
Kidsfirst program	125	(2)	104	–	–	227
Primary care program	66	(29)	9	–	–	46
Rural health initiatives	118	–	–	–	–	118
SGI fit capital	246	–	–	(24)	92	314
Supportive care	355	(77)	–	–	–	278
Program support	459	(178)	525	(826)	857	837
Workplace wellness	95	–	70	–	–	165
	$ 5,943	$ (2,505)	$ 4,283	$ (2,114)	$ 2,372	$ 7,979

Restricted funding is recorded as revenue as the related costs are incurred. Of the total deferred revenue, $6.2 million is from Saskatchewan Health.

8. Net change in non-cash working capital:

	Operating Fund		Restricted Funds			
	2005	2004	Capital Fund 2005	Community Trust Fund 2005	Total 2005	Total 2004
Accounts receivable	$ 2,707	$ 3,534	$ 1,098	$ –	$ 1,098	$ (750)
Inventory	412	291	–	–	–	–
Prepaid expenses	2,139	(2,047)	–	–	–	–
Accounts payable	4,295	(1)	3,042	–	3,042	84
Accrued salaries	(43)	3,518	–	–	–	–
Vacation payable	1,921	837	–	–	–	–
Deferred revenue	2,036	(1,804)	–	–	–	–
Interfund balance	(736)	817	736	–	736	(817)
	$ 12,731	$ 5,145	$ 4,876	$ –	$ 4,876	$ (1,483)

9. Trust accounts:

SRHA administers funds held in trust for clinical research and patients and residents using SRHA's facilities. Any significant funds are held in separate accounts for the trust funds SRHA administers. The total cash held in trust as at March 31, 2005 was $3.8 million (2004 - $3.2 million). These amounts are not reflected in the financial statements.

10. Related parties:

These financial statements include transactions with related parties. SRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards and commissions under the common control of the Government of Saskatchewan. SRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, SRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

10. Related parties - continued:

a) Related party transactions:

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms.

	2005	2004
Revenue:		
Saskatchewan Health	$ 559,562	$ 510,372
Saskatchewan Workers' Compensation Board	5,887	5,183
Foundations	2,253	3,851
Saskatchewan Government Insurance	3,644	4,277
Saskatchewan Cancer Foundation	3,528	11,140
Other	3,178	3,207
Saskatchewan Municipal Government	180	180
Saskatchewan Community Resources and Employment	172	52
Saskatoon Square Limited Partnership	75	–
Public Trustee for Saskatchewan	60	60
	$ 578,539	$ 538,322
Expenses:		
Affiliated organizations	$ 59,153	$ 53,513
Saskatchewan Health Employee Pension Plan	18,394	14,793
Saskatchewan Association of Health Organizations	13,077	12,391
Saskatchewan Workers' Compensation Board	7,225	7,052
University of Saskatchewan	9,749	7,694
Community based organizations	5,069	5,069
SaskTel	3,254	2,941
Department of Finance	2,167	1,227
SaskEnergy	922	815
SaskPower	879	838
Other	786	1,124
Saskatchewan Property Management Corp.	711	729
Saskatoon Square Limited Partnership	490	–
Saskatchewan Government Insurance	23	18
	$ 121,899	$ 108,204

10. Related parties - continued:

a) Related party transactions - continued:

	2005	2004
Accounts receivable:		
Saskatchewan Health	$ 3,289	$ 7,873
Saskatchewan Cancer Foundation	551	460
Saskatchewan Government Insurance	953	222
Other	1,349	1,559
	$ 6,142	$ 10,114
Accounts payable:		
University of Saskatchewan	$ 540	$ 475
Saskatchewan Association of Health Organizations	984	3,332
Affiliated organizations	127	78
Saskatchewan Workers' Compensation Board	3,506	3,731
Other	585	400
	$ 5,742	$ 8,016

In addition, SRHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

10. Related parties - continued:

b) Health Care Organizations

i) Affiliates

The Act makes SRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by SRHA. SRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to each affiliate:

	2005	2004
Operating:		
Sherbrooke Community Society Inc.	$ 11,667	$ 10,818
St. Elizabeth's Hospital of Humboldt	7,677	7,074
Luther Care Communities (Lutheran Sunset Home)	5,336	4,884
Oliver Lodge	3,337	3,104
Jubilee Residence, Inc. (Stensrud Lodge)	3,182	2,762
Sunnyside Adventist Care Centre	3,119	2,987
Jubilee Residences Inc. (Porteous Lodge)	2,926	2,640
Mennonite Nursing Home Inc.	2,851	2,610
St. Ann's Senior Citizens Village Corporation	2,725	2,434
Saskatoon Convalescent Home	2,528	2,149
St. Joseph's Home for the Aged	2,411	2,214
Circle Drive Special Care Home Inc.	2,093	1,975
Central Haven Special Care Home Inc.	1,798	1,551
Lakeview Pioneer Lodge Inc.	1,780	1,568
Bethany Pioneer Village Inc.	1,406	1,265
Duck Lake and District Nursing Home Inc.	1,334	1,179
Spruce Manor Special Care Home Inc.	1,263	1,168
Warman Mennonite Special Care Home Inc.	1,018	914
Strasbourg and District Health Centre	192	180
	58,643	53,476
Capital	510	37
	$ 59,153	$ 53,513

10. Related parties - continued:

b) Health Care Organizations - continued:

i) Affiliates - continued

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2005 and 2004 and for the years then ended:

	2005	2004
Financial position:		
Current assets	$ 10,450	$ 9,744
Net capital assets	33,165	33,634
	$ 43,615	$ 43,378
Total liabilities	$ 30,370	$ 30,128
Fund balances	13,245	13,250
	$ 43,615	$ 43,378
Results of operations:		
SRHA grant	$ 59,153	$ 53,513
Other revenue	19,993	20,545
	79,146	74,058
Salaries and benefits	64,788	61,381
Other expenses	14,363	14,153
	79,151	75,534
Deficiency of revenue over expenses	$ (5)	$ (1,476)

Other expenses include amortization of $2.3 million (2004 - $2.3 million).

Cash flows:		
Cash from operations	$ 1,754	$ 2,182
Cash used in financing activities	(477)	(503)
Cash used in investing activities	(1,814)	(2,320)
Decrease in cash	$ (537)	$ (641)

Cash used in investing activities includes capital purchases of $1.9 million (2004 - $1.6 million).

10. Related parties - continued:

b) Health Care Organizations - continued:

ii) Fundraising foundations

During the year, foundations provided funding of approximately $2.3 million (2004 - $3.9 million) for programs and capital acquisitions reported in donation and ancillary revenue.

In addition, the foundations provided education and research funding to employees of SRHA of $735 thousand (2004 - $692 thousand) which is not reflected in these financial statements.

The following represents the financial position, results of operations and cash flows for the foundations which have not been consolidated in these financial statements:

		2005		2004
Financial position:				
Assets	$	21,160	$	18,372
Liabilities		475		806
Fund balances		20,685		17,566
	$	21,160	$	18,372
Results of operations:				
Revenue	$	8,532	$	8,706
Expenses		(5,413)		(7,168)
Excess of revenue over expenses	$	3,119	$	1,538
Cash provided by (used in):				
Operations	$	5,364	$	3,186
Financing and investing activities		(2,974)		(1,650)
Increase in cash	$	2,390	$	1,536

10. Related parties - continued:

b) Health Care Organizations - continued:

iii) Community Based Organizations and Third Parties

SRHA has also entered into agreements with CBOs and third parties to provide health services. These organizations receive operating funding from the SRHA on a monthly basis in accordance with budget amounts approved annually. During the year, SRHA provided the following amounts to CBOs and third parties:

	2005	2004
Preston Nursing Home, Saskatoon of Extendicare (Canada) Inc.	$ 2,952	$ 2,637
M.D. Ambulance Care Ltd.	2,277	2,217
Saskatoon Housing Coalition, Inc.	604	568
Langham Senior Citizens Home	518	456
Humboldt and District Ambulance Service	420	389
Saskatoon Crisis Intervention Services, Inc.	334	305
Midway Ambulance Care Ltd.	332	298
Rosthern and District Ambulance	269	261
Hansen's Ambulance Services	228	231
Shamrock Ambulance Care Inc.	228	212
Wakaw Ambulance Service	218	173
Quill Plains Ambulance Care Ltd.	202	187
Wynyard and District Health Clinic	194	200
George Bailey Counselling Centre	193	172
Crocus Cooperative	178	153
Canadian Mental Health Association	162	138
Saskatoon Society for Autism Inc.	128	105
Lanigan and District Ambulance Association	115	107
Elmwood Lodge	68	–
Senior Sisters of Sion Residence	50	50
Cosmopolitan Industries Ltd.	35	35
Larson Intervention House	–	535
	$ 9,705	$ 9,429

11. Comparative information:

Certain 2003-04 balances have been reclassified to conform to the current year's presentation.

12. Pension plans:

Employees of SRHA participate in one of three pension plans.

- Saskatchewan Healthcare Employees' Pension Plan ("SHEPP") - plan is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations ("SAHO"), a related party, and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors.)

- Public Service Superannuation Plan, a related party - plan is a defined benefit plan and is the responsibility of the Province of Saskatchewan.

- Public Employees' Pension Plan, a related party - plan is a defined contribution plan and is the responsibility of the Province of Saskatchewan

  The SRHA's financial obligation to the plans is limited to making required payments to match amounts contributed by employees for current services. Pension expense for the year amounted to $18.4 million (2004 - $14.8 million) and is included in benefits in Schedule 1.

Contribution rates are as follows:

- 6.55% of pensionable earnings up to the yearly maximum pensionable earnings (CPP), plus

- 8.2% of pensionable earnings above the yearly maximum pensionable earnings (CPP).

13. Budget:

SRHA approved the 2004-2005 budget plan on June 28, 2004.

14. Financial instruments:

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

SRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of SRHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Worker's Compensation Board, health insurance companies or other provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
    - Accounts receivable
    - Accounts payable
    - Accrued salaries and vacation payable
- For cash and short-term investments, the fair value is disclosed in Schedule 2.
- The fair value of mortgages payable before the repayment required within one year, is $11.5 million (2004 - $13.4 million) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Operating line of credit

SRHA has a line of credit limit of $4.0 million with an interest charged at prime less 0.5% which is re-negotiated annually. The line of credit is secured by a Borrower's Resolution offering security signed by the Authority. Total interest paid on the line of credit in 2005 was $20 thousand (2004 - $16 thousand). This line of credit was approved by the Minister.

15. Volunteer services:

The operations of the SRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community trust funds:

During the year, community trust funds generated investment income of $10 thousand, purchased equipment of $5 thousand and transferred funds for capital renovations of $32 thousand.

Schedule 1

SASKATOON REGIONAL HEALTH AUTHORITY

Schedule of Expenses by Object
(in thousands of dollars)

Year ended March 31, 2005, with comparative figures for 2004

	Budget 2005	2005	2004
Operating:			
Benefits	$ 56,725	$ 55,924	$ 50,082
Board costs	131	115	110
Diagnostic imaging supplies	2,371	2,102	2,109
Drugs	16,017	15,964	14,394
Food	5,872	6,021	5,182
Grants to ambulance services	4,735	4,903	4,655
Grants to third parties	62,761	64,110	58,649
Housekeeping and laundry supplies	3,384	4,149	3,695
Information technology contracts	817	1,475	716
Insurance	1,376	1,342	1,300
Interest	114	21	28
Laboratory supplies	5,009	5,622	5,297
Medical and surgical supplies	23,943	26,111	24,341
Medical remuneration and benefits	34,086	36,769	31,617
Office supplies and other office costs	2,309	2,390	2,400
Other	7,234	1,830	69
Other referred out services	4,211	3,350	4,659
Professional fees	1,796	2,402	3,027
Prosthetics	8,422	9,791	8,607
Purchased services	7,731	8,065	8,518
Rent/lease/purchases	5,418	8,581	5,846
Repairs and maintenance	3,608	4,038	2,973
Salaries	302,145	298,766	286,399
Service contracts	4,369	5,054	4,349
Travel expense	4,984	3,759	4,214
Utilities	10,562	10,730	9,325
	580,130	583,384	542,561
Restricted:			
Amortization		29,489	32,249
Other		1,340	15,702
		30,829	47,951
		$ 614,213	$ 590,512

Schedule 2

SASKATOON REGIONAL HEALTH AUTHORITY

Schedule of Cash and Short-Term Investments
(in thousands of dollars)

Year ended March 31, 2005

		Amount	Maturity	Effective Rate
Restricted cash and short-term investments:				
Royal Bank of Canada, Saskatoon	$	12,196		
CIBC Wood Gundy - Province of Ontario		177	02-Jun-06	3.70%
CIBC Wood Gundy - Province of Ontario		176	02-Jun-07	4.09%
CIBC Wood Gundy - Province of Ontario		182	02-Jun-08	4.35%
BMO Nesbitt Burns - Government of Canada		16	01-Jun-09	5.50%
BMO Nesbitt Burns - Province of Ontario		30	08-Mar-14	5.00%
BMO Nesbitt Burns - Money Market		11		
Total restricted cash and short-term investments	$	12,788		
Unrestricted cash and short-term investments:				
Cash on hand	$	60		
Chequing and savings:				
Royal Bank of Canada, Saskatoon		11,281		
CUCORP Financial Services, Regina		7,222		
Advantage Credit Union, Humboldt		5,131		
CIBC, Humboldt		3,863		
CIBC, Rosthern		1,110		
Prince Albert Credit Union		269		
Royal Bank of Canada, Watrous		128		
Eastshore Credit Union, Strasbourg		108		
Royal Bank of Canada, Lanigan		95		
Heartland Credit Union, Lanigan		63		
Nokomis Savings & Credit Union, Nokomis		44		
Cornerstone Credit Union, Wynyard		7		
HSBC, Saskatoon		2		
		29,383		
Money Market		784		
Equity, share, dividends:				
Co-op equity		18		
Credit Union equity		6		
Greystone, Saskatoon - Mutual Funds		1,086		
		1,110		
Term deposits:				
Eashshore Credit Union, Strasbourg		32	30-Jun-05	2.00%
Nokomis Savings & Credit Union, Nokomis - term deposit		11	16-Apr-05	0.75%
Nokomis Savings & Credit Union, Nokomis - term deposit		5	30-Apr-05	0.75%
		48		

SASKATOON REGIONAL HEALTH AUTHORITY

Schedule of Cash and Short-Term Investments
(in thousands of dollars)

Year ended March 31, 2005

		Amount	Maturity	Effective Rate
Other short-term investments:				
BMO Nesbitt Burns - BC Municipal Finance Authority		43	01-Jun-09	5.25%
BMO Nesbitt Burns - Canada Housing Trust		16	15-Sep-07	5.10%
BMO Nesbitt Burns - Canada Housing Trust		26	15-Mar-10	3.75%
BMO Nesbitt Burns - Ford Credit CDA Ltd. Term Note		16	20-Jun-05	6.65%
BMO Nesbitt Burns - George Weston		27	24-Oct-11	6.45%
BMO Nesbitt Burns - Government of Canada		39	01-Sep-07	4.50%
BMO Nesbitt Burns - Government of Canada		23	01-Jun-09	5.50%
BMO Nesbitt Burns - Government of Canada		13	01-Jun-14	5.00%
BMO Nesbitt Burns - Government of Canada		17	01-Sep-05	6.00%
BMO Nesbitt Burns - Government of Canada		16	01-Sep-05	6.00%
BMO Nesbitt Burns - Hydro One Inc.		30	05-May-07	4.45%
BMO Nesbitt Burns - Prov BC Coupon		10	23-Feb-08	7.92477%
BMO Nesbitt Burns - Province of Ontario		60	26-Sep-05	4.25%
BNS - Saskatchewan Savings Bond #11		107	15-Jul-07	3.25%
BNS - Saskatchewan Savings Bond #9		100	17-Jul-05	5.75%
CIBC Humboldt - GIC Investment		200	19-Sep-05	3.10%
CIBC Wood Gundy - Province of BC		174	23-Aug-05	3.30%
HSBC Bank Canada - Banker's Acceptance		1,016	12-May-05	2.54%
HSBC Bank Canada - Banker's Acceptance		509	30-May-05	2.62%
HSBC Bank Canada - Banker's Acceptance		532	30-May-05	2.62%
RBC Humboldt - GIC		101	20-Feb-06	1.75%
Scotia McLeod - Bank of Nova Scotia Extendable Deposit Note		96	3-Sep-05	4.05%
Scotia McLeod - Government of Canada		39	1-Jun-12	5.25%
		3,210		
Total unrestricted cash and short-term investments	$	34,535		

The market value of the cash and short-term investments at March 31, 2005 is $47.8 million.

Schedule 3

SASKATOON REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds
(in thousands of dollars)

Year ended March 31, 2005

Community Trust Fund Equity

Trust name	Balance beginning of year	Investment income	Donations	Expenses	Transfers	Balance end of year
Rosthern Home Care Trust	$ 59	$ 2	$ –	$ –	$ –	$ 61
Central Parkland Lodge	30	1	–	–	–	31
Last Mountain Pioneer Home	22	1	–	4	–	19
Nokomis Health Centre – clinic	8	1	–	–	–	9
Nokomis Health Centre – physician	38	1	–	–	–	39
Lanigan Hospital – general	14	1	–	–	–	15
Lanigan Hospital – link	46	2	–	–	32	16
Home Care	15	1	–	1	–	15
	$ 232	$ 10	$ –	$ 5	$ 32	$ 205

Schedule 4

SASKATOON REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Fund Balances
(in thousands of dollars)

Year ended March 31, 2005, with comparative figures for 2004

	Balance, beginning of year	Investment income allocated	Transfer from Unrestricted Fund Annual Allocation	Transfer to Unrestricted Fund Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance, end of year
Central Parkland Lodge	$ 90	$ 4	$ –	$ –	$ –	$ 94
Manitou Lodge	97	4	–	–	10	91
St. Mary's Villa	44	2	14	–	–	60
Cudworth Nursing Home	15	1	6	–	–	22
Quill Plains Centennial Lodge	57	3	8	–	–	68
Pleasant View Care Home	42	2	8	–	–	52
Total	$ 345	$ 16	$ 36	$ –	$ 10	$ 387

SRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation.

The above schedule shows the changes in these reserve balances during the year.

SASKATOON REGIONAL HEALTH AUTHORITY

Schedule of Board Remuneration, Benefits and Allowances

Year ended March 31, 2005, with comparative figures for 2004

Board members	Retainer and per diems	Benefits[1]	Other expenses	Total 2005	Retainer and per diems	Benefits and other expenses	Total 2004
Chairperson:							
Bundon, Robert	$ 16,215	$ 3,900	$ 6,816	$ 26,931	$ 28,729	$ 9,504	$ 38,233
Eberle, Darlene	10,182	3,421	3,288	16,891	–	–	–
	26,397	7,321	10,104	43,822	28,729	9,504	38,233
Board Members:							
Ahenakew, Audrey	3,350	65	251	3,666	3,377	816	4,193
Alm, Les	–	–	–	–	2,498	2,596	5,094
Beatty, Bonita	200	–	60	260	1,659	250	1,909
Block, Kelly	9,200	2,855	4,527	16,582	8,234	5,865	14,099
Braun, Eric	7,050	204	280	7,534	5,015	507	5,522
Eberle, Darlene	4,613	2,350	3,709	10,672	6,885	9,524	16,409
Finnie, Douglas	625	17	20	662	–	–	–
Gammel, Marjory	5,875	225	722	6,822	3,663	350	4,013
Larocque, Archie	988	20	79	1,087	–	–	–
Raycroft, Karen	7,075	3,930	8,020	19,025	4,454	8,069	12,523
Sproule, Cathy	400	5	20	425	–	–	–
Teichrob, Carol	6,006	125	510	6,641	5,388	843	6,231
Thomson, Keith	6,036	269	240	6,547	4,951	780	5,731
Tokarski, Steven	2,038	72	1,258	3,368	–	–	–
	53,456	10,137	19,696	83,291	46,124	29,600	75,724
Total	$ 79,855	$ 17,458	$ 29,800	$ 127,113	$ 74,853	$ 39,104	$ 113,957

(1) Benefits includes employer CPP and all travel time.

SASKATOON REGIONAL HEALTH AUTHORITY

Schedule of Senior Management Salaries, Benefits, Allowances and Severance

Year ended March 31, 2005, with comparative figures for 2004

Staff	Number of individuals	Salaries[1]	Benefits and allowances[2]	Sub-total	Severance Number of individuals	Severance Amount	Total 2005	Number of individuals	Salaries benefits and allowances	Severance	Total 2004
Saskatoon Regional Health Authority											
CEO	1	$ 148,585	$ 8,191	$ 156,776	1	$ 76,188	$ 232,964	1	$ 291,160	$ –	$ 291,160
Interim CEO	1	177,274	19,425	196,699	–	–	196,699		–	–	–
Senior positions:											
Senior Vice–President Nursing and Health Services	1	20,472	3,856	24,328	–	–	24,328	1	170,173	–	170,173
Senior Vice–President Human Resources and Support Services	1	156,623	22,609	179,232	–	–	179,232	1	170,173	–	170,173
Chief Financial Officer	1	117,153	19,049	136,202	–	–	136,202	1	144,682	–	144,682
Vice–President Business Development	1	–	–	–	–	–	–	1	160,751	230,000	390,751
Vice–President Corporate Support	1	121,625	21,954	143,579	–	–	143,579	1	32,047	–	32,047
Vice–President Hospital Services	1	135,540	22,295	157,835	–	–	157,835	1	154,819	–	154,819
Vice–President Primary Health	1	135,540	22,295	157,835	–		157,835	1	154,819	–	154,819
Vice–President Rural Health	1	125,300	13,226	138,526	–	–	138,526	1	133,596	–	133,596
Vice–President Clinical and Operations Support	1	130,520	22,096	152,616	–	–	152,616	1	137,645	–	137,645
Senior Medical Manager	1	200,800	23,147	223,947	–	–	223,947	1	219,664	–	219,664
Medical Health Officer	1	198,397	21,072	219,469	–	–	219,469	1	180,930	–	180,930
Total	13	$ 1,667,829	$ 219,215	$ 1,887,044	1	$ 76,188	$ 1,963,232	12	$1,950,459	$ 230,000	$2,180,459

(1) Salaries include regular base pay, overtime, lump sum payments, honouraria, and any other direct cash remuneration including sick leave and vacation.

(2) Benefits and allowances include the employer's share of statutory and non-statutory benefits, and employee's taxable allowances.

(3) Schedule does not include a consulting agreement signed with the former CEO for the period June 1, 2004 to May 31, 2005. During the fiscal year $158,700 was paid with respect to this contract.

PERFORMANCE MANAGEMENT SUMMARY

The Performance Management Summary included with this report provides performance-related information as required by Saskatchewan Health and consistent with **The Performance Management Accountability Indicators 2004-05** document provided by Saskatchewan Health to Saskatoon Health Region. A number of the results are reported and commented on earlier in the annual report.

PERFORMANCE MANAGEMENT SUMMARY

The following performance management summary provides information on Saskatoon Health Region performance relevant to indicators defined by Saskatchewan Health. The source of data for the Saskatoon Health Region information is Saskatchewan Health, except in selected instances where Saskatoon Health Region is reporting its own, additional or alternative results. The information contained in the Provincial Comparison and Provincial Range columns has been provided by Saskatchewan Health.

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
Organizational Effectiveness Indicators				
2.1.1.1.	CCHSA current accreditation status for RHAs	The result of the 2004 accreditation survey was Accreditation with Report.	Saskatoon Health Region falls within the majority of provincial Regional Health Authorities in its accreditation status.	n/a
2.1.1.2.	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2004-2005*	556	n/a	n/a
	Number of client contacts with the Regional Quality of Care Coordinator to raise a concern *2003-2004*	532	n/a	n/a
2.1.1.3.	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2004-2005*	96%	n/a	n/a
	Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2003-2004*	89%	87%	25% - 90%
2.1.1.8.	Number of sick leave hours per full time equivalent (FTE) PROVIDER UNION (SEIU) *2004-2005*	100.86 (data from SAHO Paid FTE Report)	94.84	74.09 – 107.86
	Number of sick leave hours per full time equivalent (FTE) HSAS *2004-2005*	59.35 (data from SAHO Paid FTE Report)	63.34	52.54 – 120.03
	Number of sick leave hours per full time equivalent (FTE) OOS/OTHER* *2004-2005* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	53.88 (data from SAHO Paid FTE Report)	47.69	38.86 – 56.87
	Number of sick leave hours per full time equivalent (FTE) SUN *2004-2005*	96.72 (data from SAHO Paid FTE Report)	93.07	70.00 – 98.43

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
	Number of sick leave hours per full time equivalent (FTE) REGIONAL TOTAL *2004-2005*	91.43 (data from SAHO Paid FTE Report)	88.26	69.92 – 102.09
2.1.1.9.	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) PROVIDER UNION (SEIU) *2004-2005*	19.76 (data from SAHO Paid FTE Report)	26.65	11.30 – 61.97
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) HSAS *2004-2005*	6.86 (data from SAHO Paid FTE Report)	22.38	2.89 – 48.65
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) OOS/OTHER* *2004-2005* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	2.16 (data from SAHO Paid FTE Report)	2.43	0.00 – 6.45
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) SUN *2004-2005*	38.26 (data from SAHO Paid FTE Report)	63.99	19.92 – 314.54
	Number of wage driven premium hours (overtime and other premiums) per full time equivalent (FTE) REGIONAL TOTAL *2004-2005*	21.26 (data from SAHO Paid FTE Report)	30.94	12.39 - 91.68
2.1.1.10.	Health system full time equivalents (FTEs) PROVIDER UNION (SEIU) *2004-2005*	4,451.74 (data from SAHO Paid FTE Report)	n/a	n/a
	Health system full time equivalents (FTEs) HSAS *2004-2005*	576.40 (data from SAHO Paid FTE Report)	n/a	n/a
	Health system full time equivalents (FTEs) OOS/OTHER* *2004-2005* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	890.31 (data from SAHO Paid FTE Report)	n/a	n/a
	Health system full time equivalents (FTEs) SUN *2004-2005*	1,881.39 (data from SAHO Paid FTE Report)	n/a	n/a
	Health system full time equivalents (FTEs) REGIONAL TOTAL *2004-2005*	7,799.84 (data from SAHO Paid FTE Report)	n/a	n/a
2.1.1.11.	Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2004-2005*	6.42	6.52	4.32 – 9.67

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
2.1.1.12.	Number of lost-time WCB days per 100 full time equivalents (FTEs) *2004-2005*	364.35	345.86	152.43 – 492.92
2.1.1.17.	Worked hours as a percentage of paid hours PROVIDER UNION (SEIU) *2004-2005*	79.2% (data from SAHO Paid FTE Report)	79.8%	78.5% - 81.5%
	Worked hours as a percentage of paid hours HSAS *2004-2005*	82.3% (data from SAHO Paid FTE Report)	82.0%	79.7% - 83.5%
	Worked hours as a percentage of paid hours OOS/OTHER* *2004-2005* * Category captures all non-unionized employees on the SAHO Payroll system, not just management personnel	83.4% (data from SAHO Paid FTE Report)	81.1%	69.5% - 83.7%
	Worked hours as a percentage of paid hours SUN *2004-2005*	78% (data from SAHO Paid FTE Report)	79.1%	77.3% - 85.4%
	Worked hours as a percentage of paid hours REGIONAL TOTAL *2004-2005*	79.6% (data from SAHO Paid FTE Report)	n/a	n/a
2.1.1.18.a	Working capital ratio *2004-2005*	0.72 (Saskatoon Health Region data)	n/a	0.45 – 1.69
2.1.1.18.b	Number of days able to operate with working capital *2004-2005*	(16.69) (Saskatoon Health Region data)	n/a	(68.06) – 28.83
2.1.1.19.	Surplus/deficit as a percentage of actual expenditure *2004-2005*	0.37% (Saskatoon Health Region data)	n/a	(1.5%) – 1.4%
2.1.1.21.	Budget versus actual expenditures ACUTE CARE funding pool *2004-2005*	559,514 (Saskatoon Health Region data)	n/a	n/a
	Budget versus actual expenditures SUPPORTIVE CARE funding pool *2004-2005*	(993,299) (Saskatoon Health Region data)	n/a	n/a
	Budget versus actual expenditures COMMUNITY BASED CARE funding pool *2004-2005*	(170,469) (Saskatoon Health Region data)	n/a	n/a
	Budget versus actual expenditures PROGRAM SUPPORT funding pool *2004-2005*	(2,513,059) (Saskatoon Health Region data)	n/a	n/a

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
Program Specific Indicators				
Province Wide Services				
2.2.1.2.	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2004-2005*	11,156 exams 5,543 patients (Saskatoon Health Region data)	n/a	n/a
	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2003-2004*	8,884 exams 4,170 patients (Saskatoon Health Region data)	n/a	n/a
	Number of exams for specialized medical imaging services: magnetic resonance imaging (MRI) scans *2002-2003*	8,509 exams 4,247 patients (Saskatoon Health Region data)	n/a	n/a
2.2.1.3.	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2004-2005*	37,340 exams (2004-05) 22,773 patients (2004-05) (Saskatoon Health Region data)	n/a	n/a
	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2003-2004*	34,375 exams 21,350 patients (Saskatoon Health Region data)	n/a	n/a
	Number of exams for specialized medical imaging services: computed tomography (CT) scans *2002-2003*	31,363 exams 19,785 patients (Saskatoon Health Region data)	n/a	n/a
2.2.1.4.	Average wait time in days for admission to Saskatchewan Hospital North Battleford (SHNB) *2004*	52	59	41 –76
2.2.1.6.	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Child and Youth *2003-2004*	***Saskatchewan residents*** 216 admissions and 133 completed or transferred completions 61.6% completion rate ***Saskatoon Health Region residents*** 36 admissions and 19 completed or transferred completions 52.8% completion rate	61.6%	44.4% - 91.7%
	Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre Adults *2003-2004*	***Saskatchewan residents*** 418 admissions and 294 completions 70.3% completion rate ***Saskatoon Health Region residents*** 144 admissions and 100 completions 69.4% completion rate	70.3%	50.0% - 95.5%

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
Acute Care Services				
2.2.2.3.a	Number of surgical cases *2004-2005*	34,206 total Health Region surgeries comprised of: 33,044 total Saskatoon cases (including a base of 32,629 and 415 long wait initiative cases); and, 1,162 rural cases; (Saskatoon Health Region data)	n/a	n/a
2.2.2.3.b	Percentage of surgical cases performed as day surgery *2004-2005*	52.0% (Saskatoon cases only) Saskatoon Health Region data indicates 52.9% for the period	53%	48% - 66%
2.2.2.4.	Percentage of surgical cases completed within 6 months *2004-2005*	78% (Saskatoon cases only)	81%	74% - 100%
	Percentage of surgical cases completed within 12 months *2004-2005*	90.0% (Saskatoon cases only)	91%	85% - 100%
	Percentage of surgical cases completed within 18 months *2004-2005*	93% (Saskatoon cases only)	95%	93% - 100%
Institutional Supportive Care Services				
2.2.4.5.	Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores *October 2004*	20.9%	21.8%	12.7% – 29.1%
Population Health Services				
2.2.6.1.	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2004** * NOTE: SIMS does not capture on-reserve immunizations	73.7%	73.3%	57.3% - 86.3%
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2003** * NOTE: SIMS does not capture on-reserve immunizations	75.1%	n/a	n/a
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) DIPHTHERIA *2002** * NOTE: SIMS does not capture on-reserve immunizations	78.5%	n/a	n/a
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2004** * NOTE: SIMS does not capture on-reserve immunizations	72.7%	71.7%	57.3% - 85.6%

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2003* NOTE: SIMS does not capture on-reserve immunizations	73.4%	n/a	n/a
	Percentage of eligible population receiving immunization at second birthday (vaccine coverage rate) MEASLES *2002* NOTE: SIMS does not capture on-reserve immunizations	75.8%	n/a	n/a
2.2.6.6.	Genital chlamydia rate per 100,000 population *2003*	Males 256.3 Females 398.2 Saskatoon Health Region data indicates for 2003: Males 246.9 Females 384.3	Males 268.1 Females 473.4	Males 27.4 – 3,259.0 Females 53.8 – 5,784.4
	Genital chlamydia rate per 100,000 population *2002*	Males 254.9 Females 385.8	n/a	n/a
	Genital chlamydia rate per 100,000 population *2001*	Males 197.8 Females 355.5	n/a	n/a
2.2.6.7.	Influenza immunization rate per 100 population (age 65 years and over) *2003-2004*	66.3% Saskatoon Health Region data indicates 67.6% for 2003-04	65.8%	56.8%– 72.8%
	Influenza immunization rate per 100 population (age 65 years and over) *2002-2003*	62.7%	n/a	n/a
	Influenza immunization rate per 100 population (age 65 years and over) *2001-2002*	64.3%	n/a	n/a
2.2.6.8.	Population health promotion plan approved by RHA boards and submitted as part of health region operational plans (fall 2004) and progress report March 31, 2005 *[yes/no indicator]*	Abridged version of plan submitted in December 2004. Full plan approved by RHA and submitted in March 2005.	n/a	n/a
Community Care Services				
2.2.7.2.	Alcohol and drug outpatient treatment completion rate per 100 admissions *2003-2004*	43.7%	58.4%	43.7%– 72.6%
Primary Health Services				
2.2.9.1.	Percentage of the population served by primary health care teams *March 2005*	42.17%	23.89%	0.00% – 100.00%
2.2.9.3.	Total number of new primary health care teams in the current fiscal year *2004-2005*	No new teams in 2004/2005	n/a	n/a
2.2.9.4.	Regional Operational / Budget Plan includes an updated Primary Health Care Plan that identifies the location of primary health care teams *2004-2005 [yes/no indicator]*	Updated plan and locations submitted as required	n/a	n/a
2.2.9.5.	Regional Operational / Budget Plan includes an updated Diabetes Management Plan *2004-2005 [yes/no indicator]*	Updated plan submitted as required	n/a	n/a

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
2.2.9.6.	Regional Operational / Budget Plan outlines potential financial requirements *2004-2005 [yes/no indicator]*	The Health Region's 2004-05 plan outlined potential financial requirements	n/a	n/a
2.2.9.7.	Regional Health Authorities participated in 3-year and 5-year evaluations of demonstration sites, as required *2004-2005 [yes/no indicator]*	Evaluations completed as follows: • Borden (July 2004) • Student Health Centre, University of Saskatchewan (April 2004) • South East Primary Health Centre Site, Saskatoon (July 2004)	n/a	n/a
Emergency Response Service1s				
2.2.10.1.	Percentage of ambulance calls responded to where at least one of the emergency medical service providers has at least basic-EMT level training *2003-2004*	99.83%	98.76%	70.17% – 100.00%
Mental Health and Addiction Services				
2.2.11.2.	Mental health inpatient readmission rate per 100 mental health inpatient separations *2003-2004*	17.9% (Saskatoon Health Region data)	20.2%	17.9% - 26.3%
2.2.11.3.	Alcohol and drug inpatient treatment completion rate per 100 admissions *2003-2004*	67.40%	68.20%	62.30% - 79.40%
Program Support Services				
2.2.13.1.	Administrative expenditures in program support funding pool as a percentage of overall base operating funds *2004-2005*	5.3% (Saskatoon Health Region data)	n/a	3.6% - 11.5%
Health Status and Outcome Indicators				
3.1.1.1.	Infant mortality rate per 1,000 live births *1998-2002*	5.77 Saskatoon Health Region reports for individual years: • 4.4 (2003) • 4.3 (2002) • 6.7 (2001)	6.24	1.70 – 15.66
3.1.1.2.a	Low birth weight rate per 100 live births *1998-2002*	5.44 Saskatoon Health Region reports for individual years: • 5.6 (2003) • 5.0 (2002) • 6.4 (2001)	5.26	4.34 – 6.19
3.1.1.2.b	High birth weight rate per 100 live births *1998-2002*	14.1 Saskatoon Health Region reports for individual years: • 13.9 (2003) • 14.1 (2002) • 14.6 (2001)	15.7	13.1 – 26.7

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
3.1.1.5.a	Life expectancy (at birth) *2001*	Males 76.7 Females 82.3 Saskatoon Health Region also reports: • Males 77.8 (2001-2003) • Females 83.4 (2001-2003)	Males 76.2 Females 81.8	Males 72.1 – 78.2 Females 76.1 – 82.8
3.1.1.5.b	Life expectancy (at age 65 years) *2001*	Males 16.9 Females 21.1 Saskatoon Health Region also reports: • Males 17.2 (2001–2003) • Females 21.2 (2001–2003)	Males 16.9 Females 20.9	Males 15.6 – 18.0 Females 17.2 – 21.8
3.1.1.6.	Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent *2003*	62.3% Saskatoon Health Region also reports: • Males 64% (2003) and 60.0% (2001) • Females 60.4% (2003) and 57.6% (2001)	59.5%	47.6% – 63.7%
3.1.1.7.	Percentage of population (age 12 years and over) who are current, daily or occasional smokers *2003*	Males 25.0% Females 11.6% Saskatoon Health Region also reports: • Males 25.0% (2001) • Females 28.1% (2001)	Males 24.6% Females 23.1%	Males 20.8% – 40.7% Females 11.6% – 42.0%
3.1.1.8.a	Percentage of population (age 18 to 64 years) who are overweight (BMI 25.0-29.9) *2003*	32.9% Saskatoon Health Region also reports: • Males 38.4% (2003) and 40.2% (2001) • Females 26.0% (2003) and 28.6% (2001)	35.8%	31.7% – 41.8%
3.1.1.8.b	Percentage of population (age 18 to 64 years) who are obese (BMI 30.0+) *2003*	19.1% Saskatoon Health Region also reports: • Males 21.3% (2003) and 18.6% (2001) • Females 15.2% (2003) and 16.1% (2001)	20.5%	16.4% – 27.2%
3.1.1.10.a	Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active *2003*	50.5% Saskatoon Health Region also reports: • Males: 50.8% (2003) and 46.4% (2001) • Females:50.6 % (2003) and 44.4% (2001)	49.8%	41.7% – 56.1%

Indicator		Saskatoon Health Region	Provincial Comparison	Provincial Range
3.1.1.10. b	Percentage of population (age 12 years and over) who report physical activity participation levels of inactive *2003*	47.3% Saskatoon Health Region also reports: • Males: 45.5% (2003) and 42.0% (2001) • Females: 48.3% (2003) and 49.7% (2001)	47.8%	41.0% – 56.4%
3.1.1.12.	Age-adjusted diabetes prevalence rate per 1,000 population *2001-2002*	34.4	n/a	29.5 – 72.5
3.1.1.13.	Injury hospitalization rate per 1,000 population (age 0 to 19 years) MALES *2002-2003*	6.7 Saskatoon Health Region also reports: • 7.2 (2003 preliminary data) • 7.9 (2001)	9.3	6.7 – 17.6
	Injury hospitalization rate per 1,000 population (age 0 to 19 years) FEMALES *2002-2003*	4.6 Saskatoon Health Region also reports: • 4.7 (2003 preliminary data) • 4.8 (2001)	6.5	4.6 – 12.0
3.1.1.14.	Hospitalization rate due to falls per 1,000 population (age 65 years and over) MALES *2002-2003*	10.5 Saskatoon Health Region also reports: • 12.79 (2003-04)	13.4	3.6 – 20.2
	Hospitalization rate due to falls per 1,000 population (age 65 years and over) FEMALES *2002-2003*	18.2 Saskatoon Health Region also reports: • 18.64 (2003-2004)	25.1	0.0 – 35.0

PAYEE DISCLOSURE LIST AND SUPPLIER PAYMENT LIST

Accompanying the annual report are the personal services payee disclosure list and the supplier payment list. Payee disclosure requirements relate to payments made for the fiscal year reported in the Annual Report. The Saskatchewan Treasury Board determines the threshold requiring disclosure. The minimum threshold for the 2004-05 fiscal year was $50,000 for **payees** in all categories including: personal services, transfers, supplier payments and other expenditures.

PERSONAL SERVICES PAYEE DISCLOSURE LIST

The following is the personal services list. Payee disclosure requirements relate to payments made for the fiscal year reported in the Annual Report. The Saskatchewan Treasury Board determines the threshold requiring disclosure. The minimum threshold for the 2004-05 fiscal year was $50,000 for **payees** in all categories including: personal services, transfers, supplier payments and other expenditures.

Payee		Amount Paid ($)
AADLAND	MICHAEL	51,143
ABELE	BARBARA	79,468
ACHILLES	SHEILA	91,287
ADAIR	MARY	51,981
ADAMS	JOY	87,424
ADAMSON	CHERYL	61,620
ADRIAN	TRINA	65,136
AGNEW	BETTY LOU	52,343
AKRE	COLLIN	65,534
ALBERTS	ALICE	71,148
ALBERTSON	WENDY	55,320
ALDRED	KATHLEEN	58,682
ALLEN	CAMERON	83,081
ALMQUIST	INGER	53,332
AMY	EILEEN	54,885
ANDERSON	AILEEN	63,064
ANDERSON	BLANCHE	57,850
ANDERSON	CORINNE	66,260
ANDERSON	DENISE	53,785
ANDERSON	HEATHER	81,394
ANDERSON	HELEN	62,214
ANDERSON	LEEANNA	66,898
ANDRADE	CELINE	65,033
ANDREEN	WANDA	50,778
ANDRES	SHAUNA	59,620
ANDREWS	JEAN	64,971
ANGELSTAD	BRENDA	69,455
APPL	RUTH ANNE	72,460
ARCAND	LEANNE	55,737
ARCHER	TIM	101,547
ARCHIBALD	TOM	149,200
ARENDT	LAUREL	54,801
ARMBRUSTER	PATTI	65,239
ARNOLD	CHRIS	67,055
ARNOLD	JANICE	66,043
ARTHUR	MAUREEN	55,822
ASHLEY	VIVIAN	56,786
ATCHISON	COLEEN	62,102
AYALEW	IRIS	58,134
AYRES	FLORA	62,147
BABCOCK	KAREN	58,789
BAILEY	MARILEE	52,603

Payee		Amount Paid ($)
AALBERS	MARLENE	62,194
ABTOSWAY	LANA	53,108
ACTON	BRYAN	79,787
ADAMS	DERLE	69,059
ADAMS	MARLISS C	67,989
ADHANOM	GHENET	54,530
AFSETH	BARBARA	51,028
AKISTER	TERRENCE	59,719
ALBERT	LINDA	74,473
ALBERTS	LORRIE	58,044
ALBUS	WARREN	65,560
ALFORD	TRACEY	61,613
ALLIN	RITA	62,639
AMOA AMPAH	JANE	54,915
ANAKA	SUSAN	53,440
ANDERSON	ARLENE	52,998
ANDERSON	CAROL	50,515
ANDERSON	DEBORAH	58,700
ANDERSON	ELAINE	65,821
ANDERSON	HEATHER	50,488
ANDERSON	JAN	54,188
ANDERSON	TROY	73,955
ANDREAS	BRENDA	61,054
ANDRES	HELEN	59,570
ANDREWS	CYNTHIA	54,938
ANDREWS	JOCELYN	64,347
ANWEILER	JANICE	55,239
APRIL	CLAUDE	50,112
ARCHER	JUDY	101,350
ARCHIBALD	DOUG	71,898
ARDELL	MARY ANN	63,842
ARMBRUSTER	CANDACE	57,036
ARMSTRONG	EDITH	62,787
ARNOLD	DONNA	58,487
ARNOTT	JANET	59,664
ASHFORD	DEREK	53,872
ASMUNDSON	BARBARA	60,810
AUDET	SUZANNE	76,010
AYERS	CRAIG	86,289
BAATH	DR JASBIR	240,268
BABCOCK	SHARON	70,503
BAIROS	NELIA	55,734

Payee		Amount Paid ($)
BAKER	KATHLEEN	50,809
BALEZANTIS	RON	85,272
BALITSKI	BARRY	57,912
BAMFORD	KELLY	58,155
BANTON	SUSAN	55,359
BARILLA	MARYLEE	66,665
BARKMAN	PATRICIA	72,954
BARNES	JANET	52,837
BARON	OREST	64,730
BARTEL	DARLENE	72,648
BARTRAM	JOHN	61,963
BARTSCH	JENNY	82,871
BARYLUK	LORRIE	63,164
BAUTZ	LEANNE	59,957
BAYNE	DOLORES	62,228
BEARSS	MARK	63,482
BEATTY	SUELLEN	106,078
BEAUDIN	GARY	55,529
BEAULIEU	GISELLE	66,710
BECK	ADAM	65,033
BEETON	SHEILA	61,837
BEITEL	ROBYN	56,340
BELIVEAU	SUSAN	53,453
BELL	BETTY	58,867
BELL	LARRY	53,714
BELL WOODARD	GEORGIA	56,028
BENDIG	SHIRLEY	61,432
BENMERROUCHE	MELANIE	58,464
BENSEMAN	PATRICIA	61,957
BERGEN	TANIA	59,147
BERGER	JANICE	72,605
BERGLUND	CARMEN	54,939
BERNHARDT	DAVID	82,454
BERSCHEID	CLAUDIA M	69,515
BERZOLLA	BRIAN	60,125
BETHUNE	DARRELL	67,128
BIEBER	MARILYN	60,793
BILODEAU	TANYS	52,945
BIRDSALL	DEANNA	53,254
BISHOP	STANLEY	61,839
BLACKWELL	VIOLET	51,024
BLAKE	RUTH	55,311
BLAKLEY	TARA	56,339
BLENDER	AMANDA	55,173
BLEY	LONNIE	59,181
BLOCK	GERALD	74,859
BLOK	CATHERINE	66,844
BLOOM	VERNA	62,596
BLUM	FRED	53,739

Payee		Amount Paid ($)
BALDWIN	DR HAL	121,884
BALISKI	RYAN	50,656
BALZER	SHARON	60,931
BANDA	EILEEN	67,954
BARBOLUK	PETER	55,948
BARKER	BRYAN W	76,661
BARLOW	MARILYN	74,028
BARNHILL	KAREN	50,664
BARSS	BARRY	63,482
BARTLEY	BRENDA	51,119
BARTSCH	HEIDI	59,398
BARUT	TERESITA	63,449
BATES	JESUSA	61,009
BAYDA	EILEEN	76,380
BAZYLEWSKI	SUSAN	141,540
BEATON	ANNAMARI	55,882
BEAUCHAMP	LAURIE	56,361
BEAUDOIN	JEANNE	56,881
BEAVIS	BONNIE	56,889
BECKER	LUCILLE	51,596
BEISEL	MAUREEN	79,909
BELAK	CHRISTINA	57,467
BELKE	BRAD	51,430
BELL	KATHY	72,764
BELL	RUTHANNE	86,153
BELTON	GERALD	63,922
BENEDICT	LINDA	60,300
BENNETT	HELEN	67,725
BERES	JULIE	50,488
BERGEN	TRACY	53,629
BERGERMAN	JOHANNA E	57,665
BERNETT	DALE	52,803
BERRNS	CHARMAINE	61,569
BERTOIA	FRANK	66,988
BESSETTE	JOANN	55,014
BETKER	FRANCIS	50,439
BIEHN	REGAN	54,137
BIRCH	MYRLA	71,247
BISHOP	LESLIE	65,430
BLACK	KRISTA	78,482
BLAIS	ALETA	64,114
BLAKELY	LYNETTE	57,760
BLEAKNEY	DONNA	88,408
BLEVINS	SANDRA	136,520
BLINSTON	DANIEL	57,604
BLOCK	JANICE	54,373
BLONDEAU	JOSEPH	131,844
BLOOMFIELD	PENNIE	60,735
BLUMERS	JODY	59,873

Payee		Amount Paid ($)
BOATNESS	KAREN	50,482
BODNAR	BERNARD	59,296
BODNARCHUK	CHARLENE	62,828
BOECHLER	BETTE	99,127
BOLAN	JOAN	55,552
BOLECHOWSKI	LORRAINE	69,954
BOLTON	LISA	70,812
BOOKER	BRENDA	50,194
BOOTH	LAURIE	74,516
BOSER	PATRICIA	55,820
BOUVIER	RUTH	61,977
BOWYER	SHIRLEY	61,968
BOYES	DEBBY	77,694
BOYLE	NORMA	60,496
BRADLEY	BRENDA	67,440
BRADSHAW	JOAN	58,744
BRANDT	ARLENE	71,299
BRASH	WILLIAM	52,963
BRAUN	PATRICIA	60,291
BRAY	CAROLYN	61,407
BRAYSHAW	KIMBERLEY	59,995
BRECKNER	CORRINE	72,465
BRENAUT	CHERYL	56,047
BRIENS	JOAN	61,330
BRINK MOONEY	MICHELE	67,809
BRITZ	ROBERT	62,197
BROOKE	SANDRA	61,391
BROOKS	WARD	53,945
BROWN	BRENDA	77,334
BROWN	CAROL	78,444
BROWN	NICOLE	51,786
BROWNELL	MILDRED	51,133
BRUCE	PATSY	83,919
BRUNEN	CHERYL	55,679
BRYANT	COLEEN	66,330
BRYDEN	CANDICE	77,649
BRYSON	ALMA	56,506
BUCHINSKI	TAMMY	58,133
BUCSIS	LOUISE	77,277
BUE	KATHRYN	62,159
BUGLAS	MICHELLE	55,374
BURBACK	JOAN	67,239
BURGHALL	HOLLY	60,347
BURNELL	PENNY	57,814
BURNS	DIANNA	55,392
BURROWS	BARBARA	50,522
BURYNIUK	SHERRY	52,530
BUTLER	RODNEY F	61,313
CALISSI	PIERA	81,815

Payee		Amount Paid ($)
BODENSTAB	RASCHELLE	53,975
BODNAR	BETTY	51,105
BODNARYK	GARRY	61,962
BOGDAN	KATHY	50,828
BOLAND	TWYLA	57,023
BOLLINGER	JONATHAN	60,917
BONLI	RUPAL	59,144
BOOTH	CHERYL	60,640
BOSCHMAN	HENDRIKJE	60,915
BOUSQUET	CATHERINE	59,238
BOWERING	KURTIS	50,121
BOYCHUK	KATHLEEN	62,467
BOYKO	ROGER	55,308
BOYS	DONNA	61,097
BRADLEY	EARL	58,293
BRAND	TRACY	72,045
BRANNEN	MARY	72,823
BRAUN	LOUISE	68,805
BRAUN	SANDRA	65,919
BRAY	SCOTT	54,484
BRECKNELL	BEVERLY	51,090
BREIDENBACH	KAREN	53,762
BREWSTER	CHERYL	67,009
BRILZ	DR TONY	113,091
BRINKMAN	CORY	58,686
BRODSKY	ROSE	63,693
BROOKS	MARK	51,940
BROTZEL	MARLEEN	58,091
BROWN	CARMEN	67,737
BROWN	EMERALD	61,439
BROWN	RICHARD	56,737
BRUCE	JANICE	58,409
BRUCKS	SUSAN	53,170
BRUNORO	CHERYL	60,277
BRYANT	LINDA	78,193
BRYNGELSON	CHERYL	54,683
BUCHHOLZ	BLAIR C	70,948
BUCKLE	SHERRI	54,856
BUDZ	MARK	68,791
BUEHLER	KEITH	75,305
BUHR	ANNAMARIA	60,747
BURECHAILO	DALE	86,906
BURKO	DONNA	62,498
BURNS	BONNIE	63,566
BURRIDGE	MARILYN	60,669
BURTON	ANNABELLE	53,322
BUSCH	SHARON	68,095
BUTUK	ANGELA	64,496
CAMERON	COLLEEN	52,325

Payee		Amount Paid ($)
CAMPBELL	NADINE	54,828
CARDINAL	HELEN	57,199
CAREY	LORIE	76,360
CARLOS	BARBARA	53,334
CARLSON	KIM	52,303
CARNEY	LAURA	62,956
CARR	BONNY	71,898
CARRIERE	SHIRLEY	51,562
CARTWRIGHT	COLLEEN	69,331
CASPER	NOELLE	59,510
CATTON	LINDA	61,487
CAVANAUGH	BRENDA	57,575
CEY	LINDSAY	52,948
CHALAZAN	WENDY	56,906
CHAPMAN	GAIL	66,117
CHARBONNEAU	DEANNA	56,046
CHARPENTIER	COLLEEN M	57,092
CHARTIER	SHARON	62,854
CHASE	CLIFFORD	186,713
CHATTERSON	PATRICIA	63,282
CHERNESKI	LINDA	50,488
CHEVRIER	PHILIPPE	50,367
CHINSKI	JANICE	63,380
CHIPPERFIELD	KATHLEEN	64,600
CHIZEK	KIRSTA	51,831
CHOBOTUK	DEB	63,653
CHOMETSKY	WILMA	59,422
CHORNEYKO	PATRICIA	72,765
CHRISTIANSON	KATHERINE	51,843
CHRISTIE	LORRAINE	71,896
CHU	CAROLYN	57,825
CHUTSKOFF	PATRICIA	54,082
CLAASSEN	TRACY	64,758
CLANCY	VIVIAN	63,354
CLARK	MARCIA	69,192
CLARK	SHELLEY	59,071
CLARK	VIVIAN	59,272
CLARKE	NADINE	62,083
CLEMENT	VANESSA	59,514
CLINTON	ANDREA	77,665
CLOTHIER	KAREN	50,115
COATES	JAMIE	53,792
COLEMAN	TANYA	66,177
CONDLIFFE	KIMBERLY	59,867
CONNELL	KAREN	56,831
CONSTANT	BRIAN	55,178
CONTRERAS	ANABEL	60,969
CONWAY	SHIRLEY	62,465
COOK	DEBORAH	86,861

Payee		Amount Paid ($)
CANNON	LLOYD	55,578
CARDINAL	LOUISE	71,840
CAREY	PATRICIA	62,893
CARLSON	JACKIE	61,632
CARLSON	PATRICIA	58,557
CARPENTER	RHONDA	57,281
CARR	JENNIFER	58,367
CARSS	KEVIN	55,330
CASEY	JACQUELIN	59,596
CATTELL	DR VICKI	313,766
CAULKETT	SEAN	66,699
CEBULIAK	MAXINE	64,524
CHABASSOL	ELIZABETH	61,370
CHAMBERLIN	HEATHER	51,483
CHAPPELL	AMY	56,750
CHARLEBOIS	CECILE	84,233
CHARTIER	LORI	74,996
CHARY	DR SRINI	85,328
CHASKAVICH	KAREN	51,276
CHEREPACHA	SHARI	59,238
CHERWONIAK	MARLENE	56,177
CHILDS	MARK	63,745
CHIPAK	NATALIE	68,431
CHIRPILO	SHELLEY	113,509
CHLAN	MALCOLM	71,898
CHOI	SUNYI	61,070
CHOMYN	JANICE	79,433
CHOW	MORGAN	55,911
CHRISTIANSON	SHERRY	64,943
CHRONES	CATHY	103,135
CHURCHWELL	JUDY	69,755
CHYKOWSKI	WARREN	59,929
CLAFFEY	ANNETTE	52,386
CLARION	CHRISTOPH	50,144
CLARK	PATRICIA	65,283
CLARK	TERI LYNN	53,053
CLARKE	LORNA	107,734
CLAYTON	KARI	63,306
CLEMENTS	REGINA	56,270
CLOSSON	JUDITH	61,547
COAKWELL	SHARON	71,067
COLBORNE	KATHERINE	54,099
COLWELL	ROSELYN	59,676
CONN	AUDREY M	65,300
CONNOR	BRIGITTE	57,372
CONSTANT	MARLENE	50,076
CONWAY	JANE	58,455
COOK	CAROL	60,702
COOK	JILL	53,901

Payee		Amount Paid ($)
COOPER	BRADLEY	52,085
COOPER	MARILYN	57,355
COPPENS	DONALD	66,698
CORNWELL	CONNIE	53,555
COTE	COLLEEN	59,463
COULDWELL	COLLEEN	70,488
COUTURE	RITA	50,333
COX	WAYNE	50,977
CRASWELL	MARILYN	63,301
CRISTIANO	KAREN	63,035
CRONE	VALERIE	59,947
CROSBY	SARAH	54,921
CROSSLAND	NADINE	50,074
CROSSMAN	JOCELYN	74,716
CROUCH	WENDY	68,202
CROWE	MARK	50,899
CRUMP	JOLENE	59,727
CJFF	SHIRLEY	67,557
CUNNINGHAM	MARGARET	61,885
CUTLER	TERRY	57,784
CYRENNE	JASON	60,010
D EON	JOCELYN	52,936
DAGENAIS	RICHARD	75,037
DAHLGREN	MARK	71,619
DALMAN	DIANE	75,330
DANAHER	ERIN	61,334
DANIELSON	CAROLINE	54,450
DANYLUK	PATRICIA	71,028
DASH	DIANNE	55,185
DAVIES	DANIEL S	85,795
DAVIES	SANDRA	71,898
DAVIS	ELOUISE	51,471
DAWSON	CHRISTINE	57,903
DE BAKKER	BRENDA	59,090
DE JETLEY	HEATHER	68,781
DE PADUA	JOHN	52,624
DECK	ALISON	69,754
DEGAGNE	LISE	59,962
DEIBERT	LISA	72,860
DELLE CURTI	ANGELA	72,644
DEMERS ROSS	FLORIDA	79,889
DENIS	MELODIE	59,554
DENYS	FAYE	61,032
DEPPELER	DAVID	59,514
DERDALL	JACKIE	59,648
DESJARLAIS	TRACY	61,773
DIEDRICH	LEAFA	53,055
DIERKER	TAMMY LYN	66,603
DIGBY	ANNETTE	63,274

Payee		Amount Paid ($)
COOPER	LORI	55,411
COOTE	CATHERINE	61,532
CORBETT	LYNN	79,129
CORTUS	MONICA	58,070
COTTON	LYNNE	58,720
COULDWELL	MARGO	53,031
COWIE	ANGELA	61,156
CRAM	KATHIE	54,365
CRESSMAN	GRACE	103,261
CROMARTIE	JENNIFER	56,821
CRONK	SHARON	63,424
CROSSLAND	AMY	53,901
CROSSMAN	HEATHER	69,527
CROTEAU	ROBERT	51,080
CROWE	ALECIA	52,547
CROWHURST	LINDA	60,319
CRUZ	JUN	84,766
CUMING	LYNETTE	58,815
CUSTER	BARBARA	60,446
CYR	DONNA	65,554
CZEKAJ	LYNELL	52,519
DADIOTIS	HELEN	73,844
DAHLGREN	ANITA	53,844
DAIGNEAULT	PATRICIA	74,248
DALSHAUG	SHEILA	62,585
DANGOR	JULIE	56,872
DANYLIUK	JOANNE	51,249
DARBYSHIRE	RHONDA	58,997
DAVIDSON	IRIS	60,842
DAVIES	DAWN WYNN	63,478
DAVIS	DARCY	72,055
DAVISSON	DOROTHY	60,233
DAWSON	HEATHER	54,956
DE BRUIN	PAMELA	70,926
DE JONG	MANDY	50,349
DEACON	MAUREEN	71,464
DECORBY	GAIL	52,918
DEGEN	RUTH	64,971
DELAINEY	CAMILLE	55,604
DELLEZAY	GEORGE	71,936
DEMONG	NADA	56,727
DENNY	DIANNE	62,001
DEPPE STEWART	UTA	53,203
DEPTUCH	LYNNE	64,546
DERKACH	PAMELA	61,239
DEVEREUX	KAREN	70,642
DIEMER	MICHELLE	59,039
DIETZ	JOAN	73,048
DIGBY	BRIAN W	69,926

Payee		Amount Paid ($)
DILLMAN	CORI	53,773
DIMNIK	STANISLAU	62,103
DJKOWICH	DWAYNE V	83,429
DMYTROWICH	JEFFREY	64,874
DMYTRYSHYN	SYLVIA	63,549
DODDS	DIANE	74,648
DOHERTY	ELLEN	57,511
DOLL	AMY	57,191
DOMOSLAI	WANDA	59,802
DONG	WEI FENG	230,888
DONNAN	SHANNON	56,549
DONNELLY	SANDRA	53,831
DORRANCE	LEANNE	62,700
DOW	BRETT	60,354
DOWN	LISA	56,961
DOWNEY	LYLE	61,972
DOYLE	FRANCES	65,618
DR BARRY BERNACKI MEDICAL PROF CORP		63,350
DR FRED H OLENIUK MEDICAL PROF CORP		68,065
DR J MCKERRELL MEDICAL PROF CORP		63,508
DR JOEL YELLAND MEDICAL PROF CORP		122,752
DR K D KOK MEDICAL PROFESSIONAL CORP		256,029
DR M A BALTZAN MEDICAL PROF CORP		67,900
DR NORMAN JOANIS MEDICAL PROF CORP		182,712
DR PATRICK LING MEDICAL PROF CORP		58,231
DR RONALD SIEMENS PROF CORP INC		221,269
DRAGAN	ANN	51,213
DRAYCHUK	NADIA	56,959
DREW	CATHERINE	69,254
DRIEDGER	KATHE	60,003
DUBOIS	SERENA	60,009
DUCZEK	LAUREL	91,466
DUECK	SUSAN	51,081
DULOS	JOELLE M	61,849
DUNCAN	JOLENE	58,682
DUNLOP	MARGARET	52,851
DURANT	RANDY	53,634
DURHAM	KIM	57,868
DUTKA	JANA	60,544
DYCK	BRIAN	60,014
DYKY	TERRA	53,224
DYOK	YVONNE	60,998
DZIADYK	JANET	67,094
EARL	JAMES	65,431
ECKLUND	ELIZABETH	61,947
EIKEL	ADELLE	60,975
EISCHEN	ROXANNE	64,668
ELCHUK	SYLVIA	50,299
ELDSTROM	JO ANN	72,020

Payee		Amount Paid ($)
DILLON	LAHOMA	58,306
DIUDEA	DANA	204,998
DMYTERKO	STACEY	56,276
DMYTRYSHYN	CARMEN	63,826
DOBROWOLSKY	SHELLEY	71,898
DOEPKER	NATALIE	55,568
DOLAN LAPOINTE	LINDA	58,718
DOMBOWSKY	DENNIS	61,792
DONALD	BRENDAN	52,524
DONLY	DAWN	73,413
DONNELLY	EDNA	61,610
DORNAN	HELEN	60,031
DOUGAN	LAURIE	76,336
DOWN	DEBRA	53,387
DOWNER	JENIFER	59,398
DOWNING	BRENDA	63,247
DR ANGELA BALDELLI MEDICAL PROF CORP		89,394
DR BRIAN BROWNBRIDGE MEDICAL PROF CORP		52,369
DR GENE MEDICAL PROF CORP		330,447
DR JM BALATON MEDICAL PROF CORP		66,057
DR JOHN WALSH MEDICAL PROF CORP		59,467
DR K GOWDA MEDICAL PROF CORP		129,367
DR M R CONLON MEDICAL PROF CORP		152,510
DR P GAERTNER MEDICAL PROF CORP		59,467
DR ROBIN MENZIES MEDICAL PROF CORP		59,611
DR T LEDDING MEDICAL PROF CORP		65,300
DRAUDE	DONNA	63,589
DREHER	ARLENE	67,168
DRIEDGER	JOANNE	53,861
DRUMMOND	GREG	101,022
DUCHSCHER	CHERYL	63,401
DUECK	SHIRLEY	59,482
DUFF	CORINNE	60,823
DUMAS	DENITA	60,260
DUNHAM	DONNA	69,776
DURAND	MARIE	59,488
DURDEN	JEAN	55,256
DUTCHAK	JANE	79,849
DVERNICHUK	KAREN	60,895
DYCK	MARY LOU	54,630
DYNA	DEBRA	57,621
DYRLAND	KAREN	72,165
DZIKOWSKI	HALINA	64,963
EATON	ANNEMARIE	55,725
EDWARDS	JACKIE	50,755
EISCHEN	LISA	60,870
ELASH	BEVERLY	70,041
ELDSTROM	HILARY	56,503
ELEK	SHAUNA	51,786

Payee		Amount Paid ($)
ELGERSMA	WINNIE	61,261
ELKE	LAURA	54,839
ELLIOTT	ANTHONY	64,454
ELLIOTT	LARRY	62,221
ELMGREN	MARGO	62,566
ENGELE	JOANNE	60,732
ENGELE	MICHELLE	61,079
ENNS	LEONARD	77,687
ENS	BRENDALYN	71,864
EPP	RODNEY	76,603
ERKER	LINDA	60,639
ESPESETH	PATRICIA	77,264
ESSON	WENDY	53,275
EVANS	BARBARA	81,818
EVANS	GLADYS	51,483
EVANS	MARIE E	68,790
EVERTMAN	IAN	57,247
EWERT	DIANE	56,172
EZZAT	WENDELIN	245,883
FABIAN	VERONICA	62,632
FAHLGREN	LAVERNE	71,274
FARRELL	MARGARET	62,339
FAUL SMITH	KAREN	51,511
FECYK	DIANA	57,971
FEDERKO	DEBBIE	57,955
FEDRAU	CURTIS	61,441
FEDYK	DONNA	59,430
FELLING	JANICE	77,264
FENSKE	SYLVIA	56,853
FERGUSSON	JAMES	227,046
FESYK	KAREN	59,836
FIEBER	KRISTA	53,611
FILIPCHUK	CHARLOTTE	68,198
FINCARYK	LINDA	60,331
FINNEY	MIKE	185,987
FISCHER	LORETTA	71,106
FISHER	EUNICE	60,477
FITZ GERALD	HEATHER	69,520
FITZSIMMONS	ELAINE	67,418
FLACH	DEBRA	55,503
FLAHR	DONNA	65,518
FOFONOFF	DANIEL	91,783
FONTAINE	MICHELLE	55,429
FONTAINE	SUZANNE	61,255
FORBES	SHELLEY	51,978
FORNWALD	MELODY	57,317
FORTIN	CLEMENT	68,367
FOSTER	BEV	59,098
FOTH	BERNICE	60,661

Payee		Amount Paid ($)
ELIASON	LILYAN	51,320
ELLERMAN	GREGORY	52,083
ELLIOTT	JULIE	60,855
ELLIS	WILLIAM	72,178
ENGEL	EILEEN	67,942
ENGELE	KARI	56,201
ENNS	GEORGE	76,671
ENNS	SHEILA	58,045
ENS	JEANETTE	88,269
ERHARDT	MELISSA	57,058
ESPELETA	SOLITA	56,016
ESSON	TANIA	64,095
ETCHEVERRY	DR D	64,222
EVANS	DARCIA	64,572
EVANS	JENNIFER	64,203
EVASHENKO	ROXANNE	57,609
EWEN	MARLA	54,969
EWERT	SANDRA	64,447
FABE	BETTY	63,475
FAFARD	JO ANN	52,817
FARDEN	DEB	51,824
FAST	KATE	65,621
FAVREAU	ANNE	61,582
FEDERKO	ADELINE	66,743
FEDIRKO	JUDY	57,997
FEDYK	BRIAN	53,911
FELDBRUEGGE	WILLIAM	61,251
FELTON	JANICE	74,581
FERGUSON	TOM	57,704
FERGUSSON	KATHERINE	50,668
FIDDLER	MARTIN	67,425
FIEBER	MARLA	53,941
FILLMORE	KAREN	63,876
FINDLAY	ANDREW	74,819
FISCHER	ELMA	72,189
FISCHER	PAULETTE	53,629
FISHER	KELVIN	125,426
FITZGERALD	BRENDA	155,394
FITZSIMMONS	MARLENE	61,457
FLACH	RON	51,728
FLEMING	WENDY	62,768
FONG	M DAWN	72,764
FONTAINE	STEVEN	68,909
FONTAINE	VICKY	59,064
FORNWALD	AARON	77,143
FORREITER	DOROTHY	60,530
FORTUGNO	RENEE	52,836
FOSTER	COLLEEN	61,851
FOX	LORNA	58,397

Payee		Amount Paid ($)
FRANK	LISA	61,069
FRANKO	DR EVAN PROF	125,905
FRANSOO	CHERYL	67,045
FRASER	GRANT	55,418
FREDERIKSEN	WENDY	63,871
FREISTADT	WANDA	53,776
FRICK ROZDILSKY	JANLYN	67,464
FRIESEN	EDNA	65,823
FRIESEN	JOHN	61,077
FRIESEN	VALERIE	74,678
FROESE	KIMBERLEE	76,925
FROH	DR JOHN	297,819
FUESSEL	CONNIE	64,354
FUNK	GEORGE	72,003
FURBER	RHONDA	73,531
GALATIUK	SHIRLEY	74,103
GALLAGHER	ROBERTA	75,968
GALLANT	LEE	72,293
GANTEFOER	AMY	60,867
GAREAU	LANA	53,343
GATZKE	KAREN	61,459
GAUCHER	ALICE	58,266
GAUTHIER	DAVID	64,146
GAWLUK	BRENDA	59,955
GEDDES	CHERYL	60,519
GEIGER	DONNA	76,235
GENEST	SHARON	55,359
GENTNER	DARLENE	65,597
GEORGE	CHERYL	67,085
GEREIN	DOLORES	59,710
GERLINSKY	PEGGIE	59,642
GERMAIN	PENNY	84,284
GERSPACHER	KRISTINA	63,699
GERVAIS	THAINE	58,538
GERWING	MARILYN	51,286
GIASSON	HOLLY	51,652
GIBSON	DAVID	101,294
GIBSON	JEAN	57,619
GIBSON	TERRENCE	57,913
GIEG	TERESA	63,619
GIESBRECHT	RONALD	59,233
GIFFORD	MATTHEW	62,875
GILBERTSON	JOCELYN	55,383
GILCHRIST	DAWN	50,158
GILLOTT	CAROL	61,784
GINTHER	DEBRA	53,931
GIRLING	VALERIE	60,317
GLASMAN	WILHELMEN	54,192
GLOVER	NANCY	71,887

Payee		Amount Paid ($)
FRANK	LORI	107,527
FRANKO	JOANNE	63,652
FRASER	CATHERINE	53,597
FRAYLING	JANET L	72,393
FREDRICKSON	BARBARA	50,488
FRERICHS	KATIE	58,837
FRIEDT	JILL	68,590
FRIESEN	JANA	58,231
FRIESEN	LINDA	58,072
FRIESEN	YVONNE	61,940
FROESS	MARK	60,054
FROH	PENNY	68,780
FULFORD	MARILYN	61,525
FUNK	MARION	66,196
GAGNON	DALE	63,482
GALGER	KATHY	59,668
GALLANT	KOREENA	60,293
GALLAUGHER	CATHY	60,269
GARBOLINSKY	DIANNE	57,475
GARTNER	LINDA	52,569
GATZKE	SARAH	55,705
GAUTHIER	AUDREY	70,937
GAUTHIER	MARIELLE	61,459
GE	YAMEI	108,124
GEGNER	JOAN	72,938
GEISSLER	TIM	60,649
GENTES	ROB	78,464
GEORGE	ALEX	83,039
GERBRANDT	SHELLEY	50,557
GERLACH	VALERIE	57,301
GERMAIN	CLAUDETTE	56,640
GERRARD	NIKKI S	86,444
GERVAIS	DWIGHT	55,885
GERWING	KATHERINE	67,983
GHOORAH	DR. S.	213,845
GIBBINS	ANNETTE	71,898
GIBSON	EILEEN	61,946
GIBSON	MARILYN	50,063
GIBSON	WENDY	59,712
GIESBRECHT	LIESA	51,196
GIFFORD	MARIE	56,858
GILBERTSON	DAVID	59,724
GILCHRIST	DANA	51,269
GILLIS	MARLENE	53,102
GILMOUR	LEAH	54,485
GINTHER	RONALD	76,441
GLAB	MELLISSA	73,978
GLENNIE	SHEILA	80,339
GLOWA	SARAH	62,112

Payee		Amount Paid ($)
GODDARD	TRACEE	58,672
GODSALVE	VALERIE	166,414
GOLDING	SUSAN	72,082
GOLL	GWEN	56,514
GOLOTA	DR GALINA	185,259
GOODMAN	GLORIA	58,268
GOODMUNDSON	CAROLINE	54,479
GORDON	BRUCE	85,264
GORDON	TREVOR	57,529
GORMAN	KARA	66,279
GOSSELIN	DIANNE	53,831
GOWDA	LINDA	64,359
GRAFF	RUTH	97,152
GRAHAM	CINDY	73,598
GRAHAM WOLOSHYN	MARGARET	74,031
GRANT	DON	54,658
GRAUER	KAREN	77,797
GRAY	ROSEMARIE	64,030
GREEN	HEATHER	58,437
GREENOUGH	TIMOTHY J	83,128
GREER	DELLA	58,055
GRETCHEN	ANGELINE	51,063
GRIEMAN	COLLEEN	50,284
GRIST	MALCOLM	102,415
GROLLA	RAMONA	55,977
GRONVOLD	TRACY	58,294
GROSSKLEG	MARINA	60,285
GUDMUNDSON	CAROL	74,232
GURGON	BONNIE	53,854
GUILLOU	DEBRA	61,403
GULKA	MARIANNE	69,804
GULUTZAN	MELANIE	56,837
GUNTHER HANSEN	DEBORAH	59,291
GURSKY	CECILIA	95,656
GUSE	TAMMY	59,030
GUZAK	JENNIFER	50,705
HA, DR HANG	DR HANG	87,977
HACKETT	PATRICIA	59,817
HADUIK	SUSAN	59,854
HAFNER	TANYA	59,736
HALABURA	RON	50,043
HALL	HEATHER	52,478
HALPAPE	JOAN	61,297
HAMILTON	DIANE	73,023
HAMM	MARTHA	64,467
HAMM	SANDRA	51,527
HAMPTON	CARMEN	57,274
HANKE	KAREN	56,554
HANNAH	VICTOR	54,227

Payee		Amount Paid ($)
GODFREY	DONNA	53,937
GOERTZ	PHYLLIS	72,191
GOLEV	DMITRI	72,862
GOLLER VARGA	RITA	66,895
GOODMAN	DAVID	81,875
GOODMAN EIFLER	DAPHNE A	70,832
GOODWIN	SUSAN	60,770
GORDON	JULIE	62,727
GORGCHUCK	CAROL	63,887
GOSAL	DR TIRATH	115,262
GOULDING	KRISTINE	57,452
GRACE	MELANIE	66,716
GRAHAM	BRYCE	78,643
GRAHAM	MAUREEN A	66,850
GRANT	CHRISTOPH	78,757
GRANT	DORIS	51,080
GRAY	GWEN	65,571
GREASER	WALTER	63,393
GREENE	CINDY	61,972
GREENWOOD	LORRAINE	56,343
GREER	DONALD	70,269
GREYEYES	SANDRA	68,264
GRIFFIN	LONNIE	58,102
GROCUTT	LORI	62,305
GRONVOLD	DARREN	66,779
GROOT	DR GARY	57,092
GRYCHOWSKI	IRIS	60,108
GUDMUNDSON	DEBRA	82,570
GUILLEMIN	VALERIE	52,432
GUINA	KATHLEEN	72,616
GULLEN	KATHY	63,319
GUNTHER	JOYCE	63,872
GURRY	LOUISE	53,977
GURSKY	JOE	52,627
GUTENBERG	VALERIE	57,284
GWILLIM	PEGGY	82,547
HAATVEDT	THERESA	65,705
HACKL	CRAIG	65,040
HAFEZI	DR RODMEHR	59,340
HAGEL	CAROLYN	55,953
HALL	BRIAN	62,314
HALL	JANIS	76,498
HALSTROM	LORNA	60,526
HAMILTON	SHELLEY E	62,820
HAMM	MYRN	73,103
HAMOLINE	NORMAN	56,013
HANCOX	ELIZABETH	57,698
HANMER	STACEY	73,974
HANSEN	CAROL	68,697

Payee		Amount Paid ($)
HANSEN	LORNA	59,382
HANSON	BIANCA	60,080
HANSON	LEANNE	60,027
HAPP	LORRAINE	65,167
HARDER	BERNICE	61,695
HARDER	TRACEY	55,977
HARDING	JANET	103,038
HARDY	TASHA	56,607
HARPELL	STACEY	61,538
HARRIS	BARBARA	54,059
HARRISON	TERRY	50,434
HARTLEY	GINNIE	61,026
HARVEY	SHARON	71,958
HAUBERT	NATALIE	59,316
HAUCK	VIVIENNE	70,313
HAWKE	MARGOT	63,964
HAWRYLUK	LISAMARIE	53,397
HAYES	BARBARA	80,164
HEADLEY	TRACY	58,682
HEDIN	NOLA	68,684
HEESE MEDICAL PROF CORP		60,287
HEFFERNAN	JUDY	74,506
HEGLAND	HANSI	52,189
HEIN	BEVERLEY	52,889
HELMER	D ARCY	79,780
HENDERSON	MARK	58,771
HENLEY	CORYLYNN	63,498
HENRY	CAROL	57,414
HERGOTT	JOAN	54,701
HEUSDENS	CAROL	66,484
HEYWOOD	BRAD	51,612
HIEBERT	SHIRLEY	50,724
HIGGS	MARLENE	63,718
HILKEWICH	MELANIE	59,188
HILLIS	SARAH	69,986
HILTON	JULIE ANN	53,289
HINZ	LORI	82,219
HNENNY	VERA	72,162
HODSON	MICHAEL A	71,891
HOFF	CRAIG	63,320
HOFFMAN	MICHELE	56,843
HOGBERG	CINDY	50,089
HOLIZKI	WANDA	58,202
HOLMES	DENISE	62,825
HOLTKAMP	LORNA	58,008
HOLTON	PEGGY	56,820
HOLTSMAN	PATTI	61,391
HONDROS	BRENDA	61,330
HOOD	GAYLE	53,073

Payee		Amount Paid ($)
HANSEN	STANLEY	62,877
HANSON	JENEVIEVE	50,352
HANSON	SPENCER	66,407
HARALDSON	PATRICIA	51,086
HARDER	HELENA	65,157
HARDING	DEBORAH	56,002
HARDY	AVIS	61,455
HARNISH	MARY	61,511
HARRINGTON	SHARON	61,232
HARRISON	JESSIE	65,418
HART	KAREN	69,231
HARVEY	BRENT	62,478
HATTORI	SUSAN	59,921
HAUBRICH	GEORGENA	67,043
HAUGRUD	DIANE	78,362
HAWKES	JUDITH	65,166
HAY	DEBORAH	86,137
HAYES	DR PAUL	92,345
HECK	BRIAN	59,908
HEESE	DR T	55,326
HEFFERNAN	CELESTE	66,651
HEGEDUS	EVELYN	68,169
HEIDEBRECHT	SHERRY	51,068
HEISE QUALTIERE	JEANETTE	57,884
HELMUTH	LOVETTA	66,177
HENDRY	M ANN	63,482
HENLEY	VIONNE	53,854
HEPBURN	JEANETTE	55,984
HETTERLY	GARTH	70,529
HEWITT	DAVID	62,213
HICKS	DEBBIE	71,079
HIENTZ	VALERIE	70,001
HILDEBRANDT	SHERRI	57,796
HILL	AUDREY	54,017
HILLS	JANET	59,045
HINDMARSH	KAREN	60,237
HJERTAAS	RONNA	55,124
HODGINS	IVY	59,354
HOEY	VERNA	67,391
HOFFART	EDWIN	71,898
HOFFMAN	RALPH	77,185
HOGBERG	GAIL	56,146
HOLMES	CINDY	52,500
HOLOWATY	JEAN	72,945
HOLTKAMP	YVONNE	53,627
HOLTSLANDER	FRANCI S	58,199
HOLTVOGT	DEANNA	57,295
HOOD	BOB	69,044
HOPFE	LOIS	55,191

Payee		Amount Paid ($)
HOPPE	CAROLYN A	71,784
HORNER	WANDA	54,004
HORVATH	TRACEY	55,421
HOUNJET	CORINNE	74,669
HOWARD	DENISE	59,336
HOWSAM	DR JUDY	60,455
HU	QINGLONG	56,161
HUARD	SHELLEY	54,442
HUBER	THERESA	55,478
HUBICK	SHERRI	54,319
HUDSON	LEONA	61,133
HUGG	JOAN	50,332
HUGHES	MICHAEL	59,188
HULAK	ALINA	66,817
HUMPHREYS	DARIN	77,331
HUMPHRIES	LYNDA	60,014
HUNTER	LESLEY	88,054
HUSTON	ROGER	67,520
HUTCHISON	SHARON	56,878
HYLAND	BRENDA	66,142
INCH	ROXANNE	61,109
INSULL	KAREN	61,568
IRWIN	SCOTT	72,135
ISLEY	MONA	60,767
IVERSON	DR LANCE	219,860
JACKSON	ADELE	60,450
JACKSON	LEONA	57,801
JACOBSON	DARLENE	63,298
JAMES	DR MARK	108,387
JAMES	NANCY	57,404
JAMONT	MYRNA	56,385
JANSER	MICHAEL W	58,793
JANZEN	ELAINE	52,471
JAQUES	ENID	63,890
JEANSON	JOYCE	58,946
JELISAVAC	GORAN	55,492
JENNETT	LLOYD	55,620
JENSEN	BRENT	71,532
JESS	KAREN	54,522
JOANIS	LORIE	54,246
JOBE	JANET	50,885
JOHNSON	CONNIE	59,955
JOHNSON	DR TOM	95,501
JOHNSON	LORENE	62,058
JOHNSTON	BARRY	54,012
JOHNSTON	CLARE	54,719
JOHNSTON	FAYE	60,320
JOHNSTON	LAURA LEE	58,764
JONASSON	SHELLEY	50,209

Payee		Amount Paid ($)
HORDAL	GAIL	59,772
HORVATH	FAYE	63,482
HOSEGOOD	LINDA	86,789
HOUNJET	MELANIE	63,383
HOWIE	SANDRA	71,162
HOZJAN	MELISSA	55,436
HUARD	MARC	56,878
HUBBARD	CAROLINE	79,296
HUBIC	KYLE	56,148
HUCKLE	EILEEN	59,149
HUEBNER	LISA	65,207
HUGHES	MARIE	52,125
HUGO	ALICE	63,348
HUMOL	ALMIRA	56,386
HUMPHREYS	JEANETTE	60,729
HUNGNESS	MARILYN	53,036
HUSTON	NORMA	61,191
HUTCHINSON	LINDA	61,586
HUTTON	STUART	100,286
IFE	CHRISTIE	66,019
INGRAM	KRISTYN	54,170
IRWIN	HELEN	63,336
ISAAC	TERESA	64,775
ISORENA	MARY ROSE	58,360
JACEK	CORRINE	73,669
JACKSON	DORIS	56,309
JACKSON	MARIANNE	62,107
JACQUES	SARAH	62,356
JAMES	MICHAEL	58,834
JAMISON	ELAINE	62,379
JANESON	EYLENE	61,348
JANZEN	DIANNE	50,474
JANZEN	JEANETTE	61,392
JAROTSKI	JASON	64,381
JEFFERY	CATHERINE	71,782
JENISH	AMANDA	55,428
JENSEN	BART	50,799
JEONG	MISIL	52,689
JIRICKA	BARBARA	103,014
JOANIS	MARCEL	59,564
JOHNSON	ANN MARI	61,968
JOHNSON	DR Russell	684,373
JOHNSON	KELLY	56,778
JOHNSON	LORRAINE	58,514
JOHNSTON	CHERYL	57,923
JOHNSTON	EVELYN	53,989
JOHNSTON	LAURA	54,851
JOHNSTONE	LORI	63,117
JONES	MARION	63,532

Payee		Amount Paid ($)
JONES	NANCY	53,726
JONES	RUTH	61,891
JORGENSON	DEREK	51,396
JUGNAUTH	DR ELEONOR	55,000
JUNGMAN	MONIQUE	56,263
JUTA	SUNIL	205,952
KABAROFF	TRACY	54,785
KACHOR	MAUREEN	68,333
KALINCHUK	DIANNA	54,621
KAMINESKI	CHERYL	57,540
KANHAI	GWENDOLYN	62,196
KARNES	LORI	60,655
KARPPINEN	LESLIE	71,822
KAUTZ	KATHARINE	65,447
KAYTO	DENISE	73,787
KEELER	SUSAN	71,742
KEFFER	AIMEE	59,505
KEINDEL	IRIS	72,096
KELLS	COLLEEN	77,446
KELSEY	MELISSA	57,886
KEMP	PAMELA	54,430
KENNEDY	VICKI	59,090
KERSHAW	RANDY	115,944
KEYOWSKI	THERESA	59,082
KHAYYAM	DR NAIYAR	124,077
KIENLEN	DOREEN	63,751
KILAND	LOREYLYE	61,289
KINAR	KAREN	62,547
KINDRACHUK	DONNA	69,826
KING	VALERIE	56,153
KINGWELL	VERA	56,096
KIRKPATRICK	JOAN	65,761
KIVOL	JACKIE	52,608
KLASSEN	JANET	61,231
KLASSEN	LINDA ANN	68,376
KLASSEN	SHANNON	56,609
KLEIN	JEANANNE	73,782
KLEIN HEWITT	SHARON	50,388
KNAFELC	D LYNN	63,434
KNIHNISKI	ANGELA	60,559
KOCUR	ALEC	88,970
KOLBACK	NOREEN	57,789
KOLBINSON	KAREN	52,418
KOLLA	LORETTE	63,629
KOOP	DWIGHT	65,267
KOPECK	RICHARD	55,577
KORNDER	NOLA	58,350
KORNELSEN	CHERIE	59,302
KOROLUK	JANINE	54,068

Payee		Amount Paid ($)
JONES	NOLA	63,746
JORDAN	MICHAEL	54,199
JUGNAUTH	DR ANAND	55,000
JUMA	HUSSAIN	71,898
JUNK	MAUREEN	51,102
JUZYNIEC	ROXANE	64,135
KABATOW	COLLEEN	55,378
KACHUR	GARY	82,688
KALYNKA	CAROLINE	65,860
KANE	IV	53,200
KAPELL	COLLEEN	75,047
KARPINKA	SUSAN	75,070
KARST	BLAKE	62,135
KAWCUNIAK	LORRIE	59,397
KEDDY BREZINSKI	DAWN	56,533
KEEN	JOHN	70,122
KEIL	ERIC	62,925
KELLN	JOLANTA	60,479
KELLY	JANICE	53,102
KEMP	JENNIFER	59,094
KENNARD	DANA	52,270
KERNOHAN	JUDITH	50,488
KESSLER	GWEN	61,939
KHAN	WALI	100,203
KIENLEN	CLIFFORD	77,692
KIM	KIM	53,821
KILDAW	SHIRLEY	58,484
KINCADE	ALEXIS	63,824
KING	TINA	64,016
KINGSTON	SHARON	62,997
KIRKLAND	BARBARA	73,248
KIRYK	SHEILA	56,518
KLASSEN	CAROL	50,292
KLASSEN	LAURA	65,241
KLASSEN	MARGE	58,261
KLEBALM	NANCY	68,731
KLEIN	TARRAH	53,995
KLINE	DAVID	87,984
KNIEVEL	ANITA	57,038
KNUTSON	RENEE	50,553
KOHLE	LYNN	70,197
KOLBINSON	CHERYL	75,590
KOLLA	KATHLEEN	82,439
KONECNIK	LEESA	64,873
KOOP	ELAINE	61,469
KOPP	JODY	57,888
KORNDER	ROY	57,597
KOROLL	SUSAN	59,129
KORSBERG	EDMEE	73,714

Payee		Amount Paid ($)
KORTJE	SONIA	62,361
KOSERUBA	DOROTHY	69,551
KOSKI	MARY	56,419
KOSTYK	JOANN	61,961
KOTELKO	PEGGIE	78,060
KOTZER SCHACHER	DAPHNE	55,401
KRAL	MAUREEN	108,244
KRIEGER	ELAINE	81,929
KROEGER	ARNOLD	57,233
KROEGER	TERRY	60,026
KROHN	BRENDA	75,632
KRUGER	DARLENE	54,901
KUBIK	LAURIE	53,067
KUIN	MARY ANNE	56,889
KULING	SUSAN	73,285
KUNGLE	GRACIE	66,782
KUSHNIRUK	TRACEY	50,619
LABAS	YVONNE	56,600
LABRASH	VALERIE	56,404
LADOUCEUR	NICOLE	66,787
LAHEY WIGGS	JOHN	60,106
LAIRD	NORMA	62,845
LALONDE	ALAIN	64,190
LAM	MIMI	61,293
LANDERYOU	JULIE	58,939
LANGEVIN	FRANCES	68,008
LAPOINTE	LORIE	52,709
LAROCQUE	HARVEY	56,052
LAROQUE	MARION	59,385
LARSEN	DONNA	127,626
LAU	DR BIENCA	55,000
LAVENTURE	LINA	54,129
LAVERTU	DANNY	58,196
LAWRENCE	CHERIE	50,210
LAYCOCK	MYRNA	52,134
LAZAR	MARILEE	60,095
LEANEY	COLLEEN	62,973
LEDRAY	RISA	64,416
LEEK	DEBBIE	66,653
LEGGOTT	NANCY	60,926
LEIPOLDT	DR CARL	58,204
LEONARD	MARIA	72,109
LEPAGE	DIANNE	57,511
LEPAGE	TREENA	55,573
LEPP	JOANNE	57,526
LESLEY	SANDEE	58,456
LESTER	MARIAN	50,266
LEUNG	SHIRLEY	50,269
LEVERICK	PENNY	75,682

Payee		Amount Paid ($)
KORTJE	SUSAN	64,071
KOSHINSKY	DEBRA	74,695
KOSOWAN	TANJIA	60,884
KOSTYNA	MARIANNE	66,999
KOTYK	LYNN	56,727
KRAFCHUK	SUSAN	55,702
KRAUS	LEANNE	50,502
KRIESE	BARBARA	63,690
KROEGER	JOY	71,898
KROEKER	ROXANNE	59,144
KRUEGER	DEBORAH	54,705
KRUSHELNISKI	CORRINE	59,550
KUEHN	KIM	66,617
KULING	PAUL	66,825
KULYK	PATRICIA	59,459
KUSCH	KERRIANNE	50,364
L HEUREUX	ADA	60,769
LABRASH	MICHELLE	66,186
LACHAPELLE	CONNIE	53,452
LAFRAMBOISE	SHANNA	50,490
LAING	CANDACE	63,415
LALIBERTE	ELAINE	63,650
LALONDE	JEANNIE	53,614
LAMARCHE	SUSAN	53,734
LANDRY	SHAN	141,540
LANGNER	KRISTINE	57,979
LARMET	JOHN	57,269
LAROCQUE	VALERIE	60,839
LAROQUE	WESLEY	67,992
LARSON	CONSTANCE	77,169
LAUBSCHER	DR BARRY	415,700
LAVERGNE	JOCELYNE	73,539
LAVOIE	JANET	61,028
LAWRIE	ANGELA	55,188
LAYTON	GENE	63,194
LE POUDRE	ROSE MARI	55,041
LEDDING	BRENDA	54,476
LEE	DONNA	64,325
LEES	JANET	72,369
LEHMANN	REBECCA	55,719
LEISLAR	LYNN	61,230
LEPAGE	BERNARD	55,843
LEPAGE	KENNETH	73,017
LEPITZKI	JUDY	80,456
LESLAR	TERRY	91,876
LESSMEISTER	MARY ELLE	78,042
LESYK	DEBRA	66,198
LEUSCHEN	GLENN	66,874
LEVESQUE	GLENDA	63,472

Payee		Amount Paid ($)
LEVESQUE	KAREN	82,044
LEYDON	NOELLA	92,489
LIDGETT	MARIE	62,009
LIGHTFOOT	FRANCES	82,761
LINGELBACH	DIANNA	72,375
LIPKA	AUDREY	68,607
LITVENENKO	LAURETTA	60,495
LITZ	LORELEI	60,522
LJUNGGREN	LAUREL	54,060
LOCK	PATRICIA	53,750
LOCKHART	MARIA	60,583
LOEFFLER	MICHELE	58,578
LOESSL	TAMARA	59,605
LOHNEIS	LILLIAN	57,696
LOMOND	JASON	53,338
LOOMES	ADELINE	64,949
LOWENBERG	CANDACE	57,624
LOZINSKY	DONNA	58,283
LUCHKA	KENNETH	65,780
LUCYSHYN	DIANA	52,504
LUKAN	JEANNIE	58,110
LUNGULL	MARILYN	65,193
LYLE	KATHRYN	72,948
LYONS	DALE	56,803
LYSITZA	RENE	54,490
MABER	BARRY	205,600
MACARTHUR	JOHN	62,810
MACDONALD	DENNIS	72,098
MACEDWARD	KATHY	53,503
MACFADDEN	MICHAEL	53,976
MACHIBRODA	FRAN	63,860
MACKAY	LAURA	67,856
MACKENZIE NICKEL	SHONA	55,956
MACKNAK	LEAH	51,786
MACMILLAN	CHERYL	62,469
MACPHERSON	MEGAN	53,327
MADILL	GERALDINE	62,767
MADSEN	BONNIE	51,125
MAGNUS	LESLEY	65,490
MAHAFFEY	SUZANNE	101,702
MAIER	DAVID	76,020
MAK	GUY	56,268
MAKI	KAREN	57,632
MANDZUK	DAVID	72,014
MANN	JACKIE	109,056
MANSUY	HELEN	57,641
MARANDUK	KENNETH	57,960
MARCHINKO	DONNA	63,305
MARCKOSKI	DIANE	50,110

Payee		Amount Paid ($)
LEWIS	LINDA	54,213
LIBKE	DENAE	53,664
LIEBELT	DWAYNE	62,345
LILBURN	KRISTY	51,432
LINKLATER	JOAN	65,856
LITTLE	BRANDON	66,576
LITVENENKO	LORNA	56,350
LITZENBERGER	TRENT	60,472
LOCK	BRENDA	51,202
LOCKE	CHRISTOPH	67,226
LOCKHART	SANDRA	64,560
LOEPPKY	SUSAN	82,488
LOEWEN	VAL	50,691
LOKEN	ERIC	63,438
LONGPRE	HELEN	62,282
LORAN	JULIA	62,806
LOZINSKI	ELAINE	54,588
LUBIANTORO	DR ELSA	239,062
LUCIW	TAMMY	50,923
LUDWIG	BERYL	61,994
LUND	LINDA	65,882
LUROSS	ANNE	57,906
LYNCH	DARCIE	50,342
LYRETTE	HEATHER	59,840
LYSTER	DR KISH	142,063
MABER	TREVOR	58,862
MACDONALD	BEVERLY	55,814
MACDOUGALL	JOAN	60,260
MACEK	GARY	59,467
MACGOWAN	SHIRLEY	68,594
MACHNEE	HELENE	53,490
MACKENZIE	KEVIN	62,549
MACKEY	KAREN	65,762
MACLACHLAN	JOY	51,467
MACPHERSON	KARRI	58,524
MACZA	BECKIE	61,706
MADLAND	SHEILA	73,976
MAGNES	BEV	66,688
MAH	JEAN	73,081
MAHAR	RACHELLE	55,942
MAIR	SANDRA	55,497
MAKEECHAK	BARBARA	71,695
MAKONEN	LETEYESUS	63,532
MANN	CHANTELLE	53,133
MANN WEISGERBER	JEANNIE	64,090
MANZ	KARYN L	66,582
MARCHEWKA	THERESA	59,335
MARCINKIW	JOSEPH	55,252
MARCOUX	JO ANNE	83,042

Payee		Amount Paid ($)
MARINIER	JANET	50,925
MARK	HOPE	53,667
MARKEN	PATRICIA	53,783
MARKHAM	TWYLA	62,341
MARONIUK	DAVID	63,343
MARQUIS	LORRAINE	67,159
MARSHALL	CATHERINE	73,396
MARSHALL	IRENE	62,986
MARSHALL	KEN	58,682
MARTENS	NATALIE	53,421
MARTIN	DIANNE	60,439
MARTIN	LINDA	85,312
MARTINUK	MARILYN	77,398
MARUSCHAK	GAIL	50,135
MARYNIAK	KAREN	73,772
MASON	WAYNE	51,505
MATERI	PAUL	54,760
MATHERS HUNIAK	JUDITH	54,005
MATHESON	VALERIE	66,573
MATHIES	SHERENE	52,339
MATLOCK	RAYLENE	78,378
MATTHEWS	LYNN	60,368
MATZNER	KATHERINE	66,237
MAURICE	MARIE	54,367
MAXWELL	BRENDA	59,745
MAY	MARYANN	66,854
MAYO	COLETTE	60,620
MCCAIG BEATTIE	TRACEY	56,637
MCCALLUM	RHONDA	50,728
MCCANN	KAREN	61,779
MCCANNELL	IAN	54,296
MCCOMB	MARION	55,545
MCCREA	FRANCIS	56,006
MCCUAIG	DR RANDALL	215,116
MCCULLOCH	BEV	50,869
MCDONALD	BRIAN R	61,739
MCDONALD	DR MARQUER	66,476
MCDOUGALL	LINDA	59,564
MCFADDEN	SHELLY	74,148
MCFARLANE	DIANA	74,873
MCGILLIVRAY	MARLENE	55,351
MCGOWAN	ANNE	66,992
MCGRATH	TERRI	56,611
MCHUGH	MARGARET	57,658
MCKEE	JACKIE	71,967
MCKERCHER	MORAG	57,038
MCKINNON	DONALENE	57,374
MCKNIGHT	DONNA	55,314
MCLASHEN	DARCI	55,576

Payee		Amount Paid ($)
MARIUS STEYN MEDICAL PROF CORP		264,293
MARK	SHARON	58,590
MARKHAM	LORI	64,023
MARLEAU	GORDON	52,368
MARQUETTE	DIANE	58,106
MARSHAK	JODY	50,942
MARSHALL	EILEEN	69,766
MARSHALL	JOHN	63,422
MARSHALL	SHERRY	50,721
MARTENS	ORLENE	65,604
MARTIN	HEATHER	51,783
MARTINDALE	TRACY	62,147
MARTSCH	SANDRA	60,842
MARUSCHAK CLAY	NADIA	53,729
MASON	JACQUELIN	61,367
MASSE	MELISSA	54,237
MATERIE	ROBERTA	51,093
MATHESON	EMILY	76,823
MATHEWS	MICHAEL	57,040
MATIKO	MARLENE	61,645
MATT	PHYLLIS	63,211
MATTHEWS	NOREEN	63,875
MAURER	DENISE	55,667
MAXIN	CRYSTAL	57,711
MAY	BARBARA	56,567
MAYHEW	CHRIS	58,452
MCAVOY	JAMIE	57,633
MCCALLION	BERNARD	59,328
MCCANN	JOHN	51,417
MCCANNELL	DEBORAH L	63,805
MCCLUTCHIE	HILDA	57,563
MCCONNELL	ANGIE	54,503
MCCRYSTAL ORANGE	CHERYL	62,668
MCCUBBING	ANNE	60,302
MCDONALD	BERNADETT	50,821
MCDONALD	CAROLINA	79,561
MCDONNELL	KATHY	60,247
MCEACHERN	JULIE	50,076
MCFARLAND	ARLENE	62,085
MCGETTIGAN	DR JIM	66,879
MCGINNIS	JANYS	54,325
MCGOWAN	DAWN	57,737
MCHARGUE	DARCY	62,282
MCINTOSH	JULIANNA	64,007
MCKENZIE	NADINE	56,425
MCKERLIE	JANICE	65,892
MCKINNON	JOYCE	77,191
MCKNIGHT	LAURIE	63,928
MCLEAN	LEANNE	55,967

Payee		Amount Paid ($)
MCLEOD	ANNE	62,694
MCLOUGHLIN	BRENDAN	57,121
MCMEEKIN	MELANIE	60,780
MCMILLAN	DEAN	75,178
MCMULLEN	BLAKE	57,462
MCMURTRY	KATHRYN	54,567
MCNEIL	SHIRLEY	101,294
MCPEEK	ANTONETTE	58,221
MCPHERSON	MARILYN	71,887
MEADEN	CHRISTINE	83,346
MEDERNACH	KATHY	63,909
MEIER	CHRISTINE	50,713
MELHOFF	JUDY	56,493
MELNYCHUK	TRUDY	60,239
MELROSE	SUSAN	92,501
MENDOZA	ILLUMINAD	62,977
MERCADO	ANNALYN	69,490
MERGEN	ELIZABETH	62,834
METCALFE	CAROL	60,321
MEWDELL	CHRISTIE	56,170
MICKALISHEN	LINDA	59,541
MIDDLETON	MARY	62,785
MILLER	AUDREY	79,628
MILLER	DAVID	62,646
MILLER	LAURIE	71,766
MILLER	TANYA	52,543
MILOS	GLORIA	66,540
MINIFIE	FAY	51,553
MIREAU	RUTH	52,179
MISSKEY	SHARON	51,352
MITCHELL	BRENDA	62,315
MITCHELL	MORLEY	73,492
MOHR	DR K	202,758
MOLDENHAUER	DEBORAH	59,438
MOLGAT	GILLES	216,654
MONETTE	HELCONIDA	62,532
MONUIK	LINDA	55,148
MOOLEKI	HILDAH	73,720
MOORMAN	MARLENE	61,081
MORE	CAROL	63,521
MORGAN	BRIAN	162,624
MORGAN	SHARON	55,889
MORIN	CAROLYN	70,643
MORIN	SANDRA	68,067
MORRISON	JEAN	203,747
MORRISSEY	HEATHER	60,350
MORTON	DEBRA	54,889
MUCHA	TRINA	55,363
MUENCH	BEVERLY	61,038

Payee		Amount Paid ($)
MCLEOD	KAREN	59,371
MCMAHON	SHIRLEY	72,391
MCMILLAN	BRENDA	53,748
MCMILLAN	ROBERT	77,996
MCMURTRY	BRUCE	68,562
MCNAIR	ERICK	90,260
MCNICHOL	CHRISTINE	52,691
MCPHEE	JANE	90,452
MCTAGGART	LORI	55,709
MECKELBORG	AGNES	66,470
MEGER	NATASHA	59,449
MEIER	SHELLEY	60,221
MELIN	RYAN	52,417
MELROSE	EILEEN	71,381
MELYMICK	CAROL	73,798
MENSAH	BRIDGET	54,364
MERCIER	TARA	55,188
MERKLEY	JO ANN	79,486
METCALFE	JUDY	77,827
MICHAELS	CONLEY	63,434
MIDDLETON	JANICE	62,397
MIELKE	HEATHER	52,361
MILLER	COREY	102,232
MILLER	DAWN	62,561
MILLER	PATRICIA	63,285
MILLS	NORAH	60,397
MINIELLY	DELLA	58,688
MINK	JOSEPH	58,928
MISFELDT	BRENDA	57,378
MITCHELL	BETTY	63,888
MITCHELL	MAVIS	66,161
MOEN	DENNIS	56,181
MOKURUK	MICHELLE	61,627
MOLGAT	CHATELLE	53,531
MOLNAR	CELIA	52,102
MONSELER	SHARON	55,840
MOODLEY	DR OTTO	63,845
MOORE	LAUREN	50,212
MORDEN	DENISE	68,414
MORE	JANICE	57,556
MORGAN	DENNIS	50,088
MORGAN	SHEILA	55,721
MORIN	MICHELLE	60,555
MORRIS	BARBARA	57,499
MORRISON	LINDSAY	56,795
MORTON	DANIEL	50,698
MORTON	DONNA	51,543
MUELLER	DAWN	51,284
MUENCH	DEAN	50,189

Payee		Amount Paid ($)
MUGGLI	TRACY	72,157
MUNRO	TIFFANY	61,246
MURPHY	ANN	62,331
MURPHY	SHELLEY	61,379
MURRAY	JACQUELIN	58,009
MURRAY	SHEILA	62,211
MUSSCHOOT	BLANCHE	65,448
MYSLICKI	KIMBERLY	63,498
NADON	SUE	69,148
NAKRAYKO	KATHY	71,955
NASIRZADEH	DR E	130,400
NEEDHAM	KATHY	51,406
NEEFS	TERRY	50,577
NELSON	ANN MARIE	67,165
NELSON	FLORA	50,184
NELSON	JENNIFER	52,490
NELSON	LINDA	55,420
NESBITT	COLLEEN	65,514
NEUDORF	CORDELL	201,997
NEUDORF	NATISHA	56,668
NEUFELD	NICOLE	52,651
NEUFELDT	LORNA	64,786
NEW	LUCIA	73,727
NEWMAN	KAREN	101,294
NEWTON	DALENE	51,816
NICHOLLS	RAYMONDE	51,094
NICHOLSON	GAIL	57,733
NICOL	MILDRED	52,072
NIEBERGALL	ELAINE	54,718
NIEKAMP	MARYANN	67,024
NIEVARES	MARILYN	72,624
NIPPI ALBRIGHT	BETTY	52,915
NIXON JACKLE	SARAH	66,031
NOBLE	MARJORIE	65,205
NOESGAARD	NORMA	71,370
NOLAN	ADRIENNE	88,447
NORDICK	DIANE	58,574
NORDQUIST	NORMA	71,953
NORRIS	ERIN	53,666
NOVICK	LINDA	60,945
NYIRFA	LEANNE	63,563
NYSTROM	ELAINE	62,729
O CONNOR	MELAINA	61,575
O HARA	CATHERINE	57,605
O'NEILL	DR RYAN	150,472
OCHITWA	ELIZABETH	54,913
ODSEN	LESLEY	70,649
OFSTIE	MARILYN	62,707
OKRAINETZ	TYRONE	58,289

Payee		Amount Paid ($)
MULHOLLAND	LORI	54,855
MURDOCK	JANICE	68,418
MURPHY	DOROTHY	65,302
MURRAY	BRUCE	229,119
MURRAY	PENNI SUE	64,703
MURZA	SHARON	52,911
MUTTER	VALERIE	59,523
NADEAU	JAYLENE	53,254
NAGY	MARY	54,905
NAPPER	DELLE	68,090
NEBOZENKO	DEBBIE	60,347
NEEDHAM	MAUREEN	62,010
NEIN	LAUREEN	61,735
NELSON	EDITH	55,265
NELSON	GAYLE	61,559
NELSON	KATHLEEN	55,040
NERENBERG	JANICE	62,357
NEUDORF	BRENDA	65,939
NEUDORF	ELIZABETH	52,341
NEUFELD	DARLENE	61,717
NEUFELD ROCHELEA	MELODY	56,421
NEVILLE	CHERYL	64,565
NEWELL	MICHAEL	62,554
NEWMEYER	MARSHA	54,593
NGUYEN	KIM THU	75,215
NICHOLLS	THOMAS	73,775
NICKOLET	TALA	56,622
NIDOSKY	JEANNETTE	55,353
NIEDZIELSKI	AMANDA	54,847
NIELSEN	PAULETTE	65,358
NIMILOWICH	SUSANNA	72,661
NIWRANSKI	PHYLLIS	52,649
NIZINKEVICH	NOREEN	68,460
NOBLE GINTHER	KRISTINE	52,754
NOGIER	KAREN	57,759
NOLAN	CAROLE	63,482
NORDICK	STELLA	92,607
NORMAND	ROSEMARIE	71,933
NOSIB	DR SHRAVAN	78,700
NOWLAN	DIANE	63,838
NYLUND	CINDY	53,322
NYSTUEN	WENDY	72,648
O HAGAN	NIAMH	67,617
O NEAIL	DEBBIE	57,446
OATWAY	MARION	56,618
ODERMATT	LESLEY	51,994
OFFEN	GIGI	62,148
OGLESTONE	LAURIE	60,591
OLIVER	DEBORAH	67,199

Payee		Amount Paid ($)
OLSON	COLLEEN	74,808
OLSON	KAREN	59,936
ONG	INDEPENDE	58,929
OPONDO	JOHNMARK	93,505
ORO	AMANDA	52,191
ORTH	JANET	64,387
OSTAFICHUK	ELLEN	64,250
OSTAFIE	CYNTHIA C	61,702
OTTENBREIT	MICHELLE	55,623
OXBY	ROSALYN	67,337
PAINCHAUD	ROXANNE	67,122
PANCHUK	SHELLY	56,301
PAQUIN	GWENDOLYN	60,191
PARKER	ANNE MARI	84,030
PARKINSON	MARY ANN	74,104
PARTON	GLORIA	53,628
PATERSON	W GUY	120,008
PATZER	TERRY	91,708
PAULI	GREG	65,185
PAUW	KATHY	229,119
PAWLUK	RENATE	86,787
PEACOCK	SHELLEY	62,457
PEARSON	CARON	63,625
PEARSON	RENA	53,754
PECKENPAUGH	SHANIN	58,808
PELLETIER	JOANNE	69,888
PENNER	GAYLE	50,057
PERCIVAL	JOELLE	58,801
PERRIER	LYNDA	72,764
PERRY	GARRY P	66,071
PETER	GALE	53,123
PETERS	HARVEY	55,504
PETERS	JANICE	61,502
PETERS STEWART	MARIE	50,824
PETERSON	SCOT	54,089
PETRIE	ANGELA	61,688
PETTY	MARGARET	56,536
PHILLIPS	LOIS	63,457
PICKERING	CAROLLE	63,195
PIERCE	SHIRLEY	71,825
PINKOSKI	TARRA	61,401
PIOTTO	ARLENE	50,488
PITTMAN	CINDY	72,045
PLACATKA	CINDY	53,605
PLAYFORD	DORIS	53,378
PLUNZ	DARREN	59,094
PODILUK	KAREN L	62,672
POLLOCK	DEBORAH	61,446
POMEDLI	SHERRY	54,415

Payee		Amount Paid ($)
OLSON	JONI	53,535
OLVER	MARK	66,667
ONUSHKO	LYNN	68,316
ORCHARD	KARLA	52,465
OROSZ	IAN	59,238
OSHANEK	DARYL	91,968
OSTAFICHUK	GAYLENE	57,622
OSTOFOROFF	VERONICA	52,262
OWENS	JENNIFER	61,657
OZEROFF	CHRISTINA	59,379
PALLOS	MALCOLM	66,284
PAPROSKI	BRENNEN	50,564
PARCHER	MYRA	72,960
PARKER	YVONNE	58,469
PARMELE	RUBY	63,742
PATENAUDE	DANIEL	63,483
PATRICK	CARLA	71,917
PAUL	ARLENE	51,218
PAUS JENSSEN	DR ERI	71,957
PAVELICH	BEVERLY	74,452
PAWLUK	SHIRLEY	53,706
PEARSON	AUDREY	67,773
PEARSON	KIMBERLY	52,861
PEARSON	TRICIA	56,707
PEGG	KAREN	65,122
PENN	KATHRYN	50,289
PENNER	MARIE	64,370
PERPELUK	LARRY	51,852
PERRIN	KATHY	56,595
PERVERSEFF	VIRGINIA	52,924
PETERS	CATHERINE	59,973
PETERS	HELENA	60,490
PETERS	MARCIA	60,234
PETERSON	GWEN	51,436
PETFORD	RHONDA	57,017
PETRIE	SUSAN	61,813
PHENIX	DONNA	67,424
PHILLIPS	RICKEY	60,205
PIDDUCK	TERESA	63,481
PILAT BURNS	CHARLOTTE	63,482
PION	JASON	66,696
PITMAN	RUTH	75,823
PITTMAN	GREG	55,561
PLASTER	LEAH	59,281
PLOMER	MAGGIE	50,800
POCHIPINSKI	DIANNE	51,954
POLLOCK	BARBARA	69,272
POLLOCK	MARLENE	62,923
PONCELET	CAROL	62,508

Payee		Amount Paid ($)
PONCELET	LEANNE	58,044
POPADYNETZ	ELIZABETH	64,831
POPPLETON	LAVINA	60,090
POSSBERG	DOREEN	54,648
POTTINGER	JOAN	86,181
POWELL	DAPHNE	63,020
PRESTON	MAUREEN	62,444
PRIEST	AGNES	55,931
PRISCIAK	K DENISE	64,946
PROCTOR	JORDEN	58,618
PROKOPETZ	STEVEN	60,902
PROPP	ALAN	62,739
PSZEDWOYSKI	MICHAEL	65,242
PUKAS	JACLYN	53,255
PURDIE	RAY	56,172
PYETT	BRUCE	56,768
QUAID	MARGARET	51,735
QUIRING	BONNIE	57,523
RACETTE	MARCEL	52,435
RATCLIFFE	JAIMIE	59,590
RATKE	CARLA	51,015
RAYAT	CARRIE	65,986
REA	LESLIE	59,707
REDEKOPP KROEGER	CAREY	61,450
REGEHR	EDITH	52,132
REGIER	LOREN	87,120
REICH	CYNTHIA	56,228
REID	JACLYN	60,491
REILKOFF	DAWN	50,969
REINEKE	WAYNE	92,363
REISNER	DR DEBRA	68,820
REMMEN	MOIRA	52,068
REMPEL	JACOB	50,538
RENAS	TANNIS	57,871
RENOUF	DR J	119,488
RESCH	LOTHAR	96,517
REYNOLDS	DIANE	59,088
RHEAD	KRISTY	57,040
RICH SPERLING	DONNA	52,627
RICHARDSON	YVONNE	53,155
RIDSDALE	VALERIE	77,159
RIEHL	ADELE	77,953
RING	CHARMAINE	54,126
RIPLEY	VANESSA	53,186
RISLUND	MAE	65,047
RIVARD	JUNE	62,689
ROADHOUSE	LORRAINE	51,878
ROBERTSON	DAVID	65,868
ROBERTSON	PATRICK	80,957

Payee		Amount Paid ($)
PONGRACZ	BEVERLY	63,884
POPOWICH	GLENDA	67,209
PORTER	SHIRLEY	54,766
POTTER	DELAINE	56,992
POTTLE	VALERIE	54,166
PRENTICE	FAYE	64,343
PRIDDELL	ROSE	74,648
PRIMEAU	TONI	53,931
PROCTOR	CINDY	54,846
PROCTOR	PATRICIA	63,344
PROKOPIW	MARIE	51,623
PRYSTAI	LANA	71,690
PUCKETT	BARBARA	77,521
PULLES	MAUREEN	61,586
PYBUS	PAUL	59,252
PYLATUIK	SONIA	51,585
QUINN	PATRICK	61,021
RABUKA	JOAN	63,843
RAGUSH	DON	65,994
RATHGEBER	LORRAINE	54,842
RATZ	LEONA	59,241
REA	DOUGLAS	50,828
REA WINICHUK	LESLIE	69,338
REES	HENRIKE	176,899
REGIER	DARLENE	68,095
REGIER	MARLA	59,723
REID	GARRY	58,650
REID	ROWENA	59,766
REIMER	SHARON	61,353
REINHARDT	VAUDREE	59,092
RELITZ	CHRIS	66,288
REMPEL	DOROTHY	56,395
REMPEL	JAKE	54,333
RENNEBERG	LINDA	55,346
RENWICK	WENDY	72,139
REYNDERS	NICHOLAS	50,201
REYNOLDS	MARK	51,779
RHODES	DEBORAH	121,307
RICHARDSON	JANE	81,968
RIDLEY	SCOTT	81,952
RIEDER	DR BARRY	177,573
RIEHL	GREG	64,821
RIPLEY	DIANE	54,557
RISLING	TRACIE	54,440
RITCHIE	ELIZABETH	56,250
ROACH	MARIAN	61,494
ROBERTS	SANDRA	71,745
ROBERTSON	DOUGLAS	57,779
ROBICHAUD	SUSAN	61,198

Payee		Amount Paid ($)
ROBINS	ANNE	52,134
ROBINSON	CHRIS	266,019
ROBINSON	RANDY	59,252
ROBLES	BEATRIZ	62,195
ROBSON	EVELYN	58,673
ROBSON	MICHELLE	52,083
RODYCH	NADIA	53,350
ROESLER	ELAINE	62,456
ROLLACK	ANITA	51,435
RORKE	LUCILLE	64,212
ROSEBUSH	MARILYN	65,435
ROSIN	MARK	94,113
ROUFOSSE	SHARIE	65,169
RUDICHUK	JUDITH	71,948
RUDULIER	HELEN	82,909
RUGG	SHEILA	54,841
RUTHVEN	MYRNA R	60,423
RYAN	MARK	55,728
SABADASH	HELEN	60,534
SADIKU	DR MANNA	53,896
SAHALUK	HEIDI	55,505
SAKOWSKY	COLLEEN	62,251
SALANDANAN	JEANY	54,859
SAMOLESKI	JENNIFER	57,611
SAMSON	REMONETTE	67,290
SANGRAY	MICHELLE	53,860
SANTORO	JOAN	66,027
SARICH	DALE	51,182
SASATA	ROSEMARIE	84,220
SAULNIER	KATHY	63,491
SAWATZKY	KAREN	50,642
SAWCHUK	ALEX	64,399
SAWCHUK	VALERIE	68,863
SCARFE	LINDA	61,011
SCHAAN	HELENE	62,258
SCHAEFFER	SHANNON	50,148
SCHAFFER	CARMEN	64,557
SCHARBACK	DONNA	58,238
SCHERMAN	SHARON	52,343
SCHICK	DEBORAH	63,120
SCHIMPF	ERIN	59,954
SCHLICHEMEYER	FAYE	66,024
SCHMIDT	BARBARA	50,305
SCHMIDT	LEEANNE	60,988
SCHMIDT	MARILYN	66,739
SCHNEIDER	ANGELA	52,049
SCHNEIDER	DARREL	68,360
SCHNURR	BARBARA	61,132
SCHRADER	SELENA	60,610

Payee		Amount Paid ($)
ROBINSON	BARB	53,419
ROBINSON	DIANE	51,246
ROBINSON	ROBIN	51,473
ROBSON	ELIZABETH	62,636
ROBSON	IRMA	59,675
RODYCH	JUNE	65,421
ROEBUCK	MARCIA	59,930
ROESLER	JENNIFER	51,802
ROLSTON	PHYL	51,861
ROSE	NATALIE	60,971
ROSIE	LEAH	54,231
ROSS	MARY	63,362
RUCKS	KIM	62,810
RUDNISKY	RITA	56,435
RUDYK	ALLAN	64,135
RUSSELL	BARBARA	57,858
RUTKO	JUDITH	59,328
RYLAND	LINDA	63,485
SACRO	LORNA	55,076
SAGAN	DOROTHY	97,781
SAHAR	DARCIE	51,885
SALAMON	VINCE	57,112
SALTE	CHARLOTTE	58,396
SAMPSON	ERIN	51,941
SANDERSON	MARGARET	54,618
SANTER	KRISTEEN	62,025
SAPIEHA	DONNA	61,624
SARVAJC	LAURA	62,677
SAULNIER	ANNE	64,053
SAVAGE	CAROL	63,908
SAWATZKY	MYRNA	63,623
SAWCHUK	DIANNE	59,817
SAYER	GLORIA	57,966
SCHAAN	HEATHER	65,402
SCHAAN	NORMA JEA	77,481
SCHAEFFER LEFLEY	RONDA	61,006
SCHAPANSKY	RODNEY	89,389
SCHENN	JOANNE	52,967
SCHERR	MARGARET	56,780
SCHIKOSKY	RANDA	62,705
SCHINDEL	AURILDA	51,130
SCHLOSSER	JEANETTE	63,909
SCHMIDT	KIM	50,784
SCHMIDT	LYNN	56,398
SCHMIDT	RITA	55,292
SCHNEIDER	CINDY	63,211
SCHNEIDER	JOYCE	52,222
SCHOLZ	LENDY	58,424
SCHRADER	WARREN	68,224

Payee		Amount Paid ($)
SCHRAMM	MARK	69,520
SCHROEDER	TERI ANNE	72,063
SCHULTZ	MAUREEN	61,936
SCHULTZ HURLBURT	BARBARA	71,929
SCHWAN	JACK	56,270
SCHWINDT	LOREEN	69,305
SCOTT	DARLENE V	59,893
SCOTT	KEN	59,422
SCOTT	MELANIE	71,967
SCOTT	SHEILA	55,982
SEDGLEY	JENNIFER	65,449
SEIDEL	NORMA	54,880
SEIDLE	LAURA	59,932
SEIPP	TARA	58,719
SEMENCHUK	MICHELE	59,704
SENKO	DAWN	63,696
SERSON	CHERIE	60,095
SETHI	ANJALI	64,023
SHADICK	JANINE	66,501
SHANKS	PATRICIA	58,436
SHARMA	DR NAWAL K	173,520
SHARP	TANNIS	54,357
SHAW	LANA	64,765
SHEARD	GARTH	60,866
SHEPHERD	BARBARA	61,843
SHEPPARD	M SUZANNE	81,808
SHERLOCK	WENDY	59,045
SHIA	GEORGE	52,835
SHILOFF	FAY	63,330
SHIPLEY	DARRELL	71,887
SHIRLEY	LAUREEN	50,795
SHOEMAKER ELEY	LESLEY	63,699
SIBLEY	BETTY	56,605
SIEBEN	JOANNE	66,509
SIERMACHESKY	KAREN A	66,885
SILBERNAGEL	WILLY	52,440
SILZER	YVONNE C	70,012
SIMARD	THERESA	59,679
SIMMS	NANCY	50,930
SIMONSON	WENDY	54,704
SIMPSON	CARRIEANN	61,877
SIMPSON	JAMES	56,371
SIMS	MICHELLE	54,906
SIROSKI	JACQUELIN	53,254
SIUKSTERIS	SHARON	63,482
SKINNER	DEAN	65,164
SKULSKI	ELIZABETH	61,643
SLATTERY	KAREN	54,254
SLOGOTSKI	ERIN	59,581

Payee		Amount Paid ($)
SCHROEDER	GEORGINA	54,771
SCHULHAUSER	PAULETTE	55,088
SCHULTZ	TARAH	57,746
SCHULZKE	CARMEN	54,822
SCHWARTZENBERGER	DELINDA	57,668
SCOPICK	PATRICIA	60,312
SCOTT	DOREEN	63,900
SCOTT	MAUREEN	59,289
SCOTT	RUSSELL	60,344
SEDGEWICK	MONIKA	50,548
SEIB	MARILYN	72,229
SEIDL	CINDY	69,048
SEIP	EVELYN	57,438
SELZLER	JASON	53,115
SEMPLE	JUNE	63,278
SEREDA	AUDREY	73,273
SERVISS	TALIA	62,309
SETTLER	PHILLIP	51,686
SHAND	JASON	75,898
SHANTZ	SANDRA	64,496
SHARMA	SANDEEP	59,305
SHATILLA	ELLEN	66,403
SHAW	ROBERT	52,390
SHECKTER	MARC	73,845
SHEPPARD	DR S	175,098
SHERLING	CAROL	73,666
SHEWCHUK	TERA	63,339
SHIER	KAREN	56,547
SHINKEWSKI	DEAN	53,806
SHIPMAN	KARA	56,221
SHIRTLIFF	JENNIFER	54,425
SHORT	DIANNE	55,014
SIDLOSKI	KERN	62,861
SIEMENS	TREVOR	67,818
SIGFUSSON	SHANNON	67,792
SILZER	JACQUELIN	59,505
SIM	MARGARET	65,226
SIMINGTON	RUTH	82,479
SIMONAR	PATTI	65,872
SIMPKINS	GLORIA	67,767
SIMPSON	DARCIE	59,552
SIMPSON	JENNIFER	63,606
SINCLAIR	TERESA	64,645
SITAR	TIMOTHY	53,950
SKAALRUD	FAYE	65,719
SKOLNEY	ALYSON	67,521
SLADEK	LOUISE	64,448
SLIPETZ	LYNDA	62,692
SMALLWOOD	LYNDA	69,992

Payee		Amount Paid ($)
SMART	VIKKI	76,618
SMITH	DIANE	66,437
SMITH	DORIS	52,506
SMITH	LEANNE	74,568
SMITH	PATRICIA	72,846
SMITH	PAULINE	63,189
SNATINSKY	MELANIE	62,950
SOANES	DONALD	72,206
SOKUL	MARNYA	57,757
SOLHEIM	BRENDA	63,482
SOLLID	DAVID	72,342
SORENSON	HEATHER	57,847
SOTKOWY	WARREN	52,068
SOVA	CASSANDRA	53,021
SPENCE	ANN MARIE	53,207
SPERLING	BRADLEY	56,941
SPILCHEN	RANDY	69,303
SPITHAKIS	CORINNE	57,906
SPIZAWKA	LOIS	72,675
SPREACKER	DEBRA	67,425
ST YVES	GUY	50,543
STACHYRUK	KAREN	54,819
STAKIW	DR KEN	127,165
STANSKI	IRIS	60,944
STAROSTA	VICTOR	54,345
STECKLER	BERNADETT	63,220
STEER	DEBBIE	58,908
STEFIUK	WENDY	74,495
STENE	RICK	67,262
STEPHEN	GLENN	56,827
STEPHENS	JAYDEN	73,593
STEVENS	AVA	67,781
STEVENS	NANCY	64,183
STEWART	BONNIE JE	59,786
STEWART	PAMELA	67,277
STOBEE	RETA	67,114
STODLER	JENNIFER	58,889
STOECKLEIN	COLLEEN	64,424
STOSKI	MARILYN	58,911
STRENGER	MARLENE	65,956
STRILAEFF	DONNA	59,976
STROO	DIONNE	52,093
STUART	FRANKI	54,093
STUART	RODNEY	55,629
SULYK	MAUREEN	62,677
SUMNER	CAROL	54,194
SUTHERLAND	CARLEEN	73,410
SVEINBJORNSON	RAE	69,270
SWEDENSKI	LORRAINE	58,395

Payee		Amount Paid ($)
SMITH	CAROL	62,302
SMITH	DOREEN	60,427
SMITH	KATHRYN	58,829
SMITH	PAMELA	58,041
SMITH	PATRICIA	50,818
SMITH FEHR	JULIET	72,393
SNELL	JAMES	72,245
SOCHA	LINDA	78,370
SOKYRKA	SONIA	62,199
SOLIE	DARRELL	72,162
SOLOMON	EDNA	57,513
SOROKA	JEANNETTE	65,133
SOUTHAM	CAROLE	73,926
SPEISER	LOVELLA	60,229
SPERLING	ANNE	78,848
SPERLING	DR BRADLEY	101,328
SPILCHUK	TREENA	51,618
SPITZIG	LYNNE	70,352
SPIZAWKA	VERA	57,393
SPROXTON	KATHERINE	69,013
STABLER	ROD	50,894
STADNYK	BETTY	59,354
STAMPE	HOPE	75,148
STARKS	FAYE	59,843
STEADMAN	JESSICA	54,567
STEELE	MARIE	74,527
STEFFEN	DONNA	55,541
STEIN	DORIS	66,630
STENSON	LORNA	65,134
STEPHEN	JACKIE	64,123
STEPHENS	JEWEL	66,986
STEVENS	LINDA	66,734
STEVENS	PATTY	76,537
STEWART	MARGARET	52,090
STIRLING	GLENNIS	54,851
STOCKDALE WINDER	FERN	69,056
STOEBER	ADRIANE	53,987
STONE	JERRE	63,483
STREET	MICHELLE	59,414
STRICKLAND	JUDEE	59,114
STROM	ROB	50,672
STRUMPHER	DR JOHANN	151,538
STUART	IAN	55,448
STUART	SUSAN	50,360
SUMMACH	SANDRA	63,670
SUNDQUIST	SHEILA	64,220
SUTHERLAND	JACQUELIN	59,552
SVITLEKOFF	SHARON	61,819
SWEDENSKI	MICHAEL	60,150

Payee		Amount Paid ($)
SWENSON	CHRISTIE	77,077
SWITYK	DOREEN	57,054
SYLVESTROWICZ	DR T	63,034
TABELON	RAUL	59,292
TALLMADGE	MARILYN	58,797
TARRY	MARK	90,473
TAYLOR	GLORIA	52,699
TAYLOR	RITA	60,866
TEEKASINGH	MOHAN	104,795
TEMPIER	DR RAYMOND	58,508
TEPLITSKY	SUSAN	66,845
TERNAN	LOUISE	58,940
THAKURDEEN	MEENA	61,949
THERENS	SHARON	59,378
THIBAULT	DEBORAH	75,855
THIEL	CINDY	62,745
THIESSEN	BRENDA	92,880
THIMOT	SHARON	75,068
THOMAS	RUTH ANN	50,331
THOMPSON	BEVERLY	70,883
THOMPSON	HELEN	60,320
THOMPSON	SANDRA	54,709
THOMSON	BRANDI	56,035
THORNE	STEPHANIE	84,491
THORPE	JENNY	53,123
TILLMANNS	STACEY	52,269
TIMM	LORRAINE	59,284
TITTLE	CAROL	53,391
TKACHUK	MICHELLE	51,909
TOD	KEN	50,364
TOEWS	LORI	58,881
TOLLEY	JAY	52,320
TOMLINSON	FAYE	51,487
TOOVEY	SHAWN	70,829
TOPP	BRIAN	75,336
TORLAKOVIC	GORAN	222,384
TOWNSEND	LESLIE	61,088
TOY	MARIE	57,132
TRADEWELL	JAMIE	69,069
TRAPLER	KURT	76,621
TRAVES	JOAN	56,116
TREMBLAY	GOLDIE	62,426
TRENCHARD	TED	53,681
TRISCHUK	HEATHER	56,432
TR JOHNSON MEDICAL PROF CORP		390,100
TUNNICLIFFE	CINDY	58,480
TURK	BRADLEY	50,202
TURNER	IAN	58,697
TUSTONIC	VLATKA	89,457

Payee		Amount Paid ($)
SWIATECKI	CHRISTINA	74,007
SWITZER	IMELDA	59,062
SZYDLOWSKI	AMANDA	64,615
TACIUK	PATRICIA	72,362
TARR	DEVIN	63,732
TATARNIUK	ELAINE	62,897
TAYLOR	RHONDA	64,377
TAYLOR	SHAWN	54,668
TEMPEL	MURRAY	50,039
TENNANT	GAIL	58,422
TERLESKI	DEBORAH	60,221
THAIR	JUDY	51,793
THAYER	SCOT	71,833
THERON	DR J	249,048
THIBAULT	JOCELYNE	61,715
THIEMANN	LORRAINE	61,155
THIESSEN	ELMA	59,375
THIVERGE	MARY	52,800
THOME	RODNEY	70,864
THOMPSON	GAYE	74,907
THOMPSON	MARLENE	53,214
THOMPSON	SHARON	66,069
THOMSON GERMAIN	GLENELDA	56,145
THORPE	CHERYL	56,049
TIESZEN	LEIGHTON	78,630
TIMM	DIANE	70,519
TIMM	SHANE	57,992
TKACHUK	GREGG	69,444
TKACHUK	TRISTAN	76,863
TODD	VIDA	54,856
TOH	JOANNE	62,141
TOMILSON	ANITA	55,502
TOOMER	CHRISTINA	51,419
TOPOLA	LESLIE R	63,699
TOPP	TAMMY	54,086
TORR	DR DAVID	56,000
TOWRISS	VICKI	78,840
TRACH	CELESTEE	58,450
TRAN	MAI	103,180
TRAVES	JAMIE	63,146
TRAYNOR	MARGUERIT	55,497
TREMEER	JUANITA	72,292
TREPPEL	DIANE	58,671
TROTTER	CARLA	64,753
TU	XIN	59,198
TURAY	TONY	60,838
TURNBULL	MARION	73,542
TURTLE	CATHY	65,121
TWIGG	SUSAN	88,545

Payee		Amount Paid ($)
TWORDIK	LEAH	53,262
TYSDAL	LINDSEY	54,327
UHRYN	PAUL	61,343
UNGER	KEN	75,161
URSAKI	DIANE	78,218
UTLEY	LORI	50,488
VAIL	LANNA	53,098
VALLERIO	EDUARDO	58,117
VAN OLST	EVERT	106,989
VANDERGOOT	MARY	63,408
VARGA	MYRNA	65,292
VENNE	SANDRA	61,692
VERESCHAGIN	PATRICIA	50,725
VEY	BRIGITTE	53,690
VOGT	JANICE	69,201
VRBANCIC	MIRNA	69,137
WAGNER	VALERIE A	60,867
WAITHMAN	MAUREEN	58,046
WALKER	JOYCE	86,174
WALLACE	JANICE	52,461
WALTER	CHERRYL	73,273
WALTON	VICTORIA	66,302
WANNER	ROBIN	59,911
WARD	BARRY	83,666
WARNES	JASON	68,980
WARRIAN	JEANETTE	52,259
WASYLENKO	KAREN R	64,545
WASYLYSHYN	ROSEMARY	51,978
WATLING	MIKE	60,540
WATSON	SHARI	63,091
WATT	PAMELA	64,848
WEBB	CRISTEL	59,920
WEBB LISTWIN	DENA	63,315
WEBER	MAUREEN	61,879
WEBSTER	VERN	52,000
WEHNER	LAURIE	66,761
WEIERS	NORA	69,145
WEIMAN	LORI	50,422
WEIMAN	WENDY	62,425
WEISBROD	DEBRA	63,536
WELLER	RANDY	61,863
WELLS	SHARON	73,478
WENAUS	CORI	61,334
WENINGER	MICHELLE	68,602
WENZEL	DOUGLAS	63,908
WERBICKI	DR J	119,555
WERNER	LOUISE	59,058
WESTAD	TRUDY	64,567
WHITBY	PAULA	55,531

Payee		Amount Paid ($)
TYERMAN	ELAINE	59,242
UCHACZ	TED	70,897
UNGER	DR A	187,041
UNSER	CORALEE	59,433
USHER	DOUG	60,114
VACHON	CLAUDIA	75,874
VALENTINE	KAREN	64,853
VAN DE WIELE	JOAN	50,101
VANDEN BERGHE	JANETTE	101,663
VANTHUYNE	WENDY	78,274
VAVRA	AMI	53,701
VEREGIN	JACKI	51,253
VEVANG	SHELLY	64,384
VOGELSANG	LUBA	51,429
VOLS	SANDRA	71,613
WAGNER	FLORENCE	71,125
WAINMAN	JUDY	54,883
WALKER	JO ANN	61,100
WALL	RUBY	64,717
WALLACE	MAUREEN	64,836
WALTON	GERMAINE	69,095
WANDZURA	SHARON	56,164
WAPPLE	JAQUELINE	53,664
WARNER	WENDY	56,857
WARREN	HEATHER	54,477
WASHINGTON	JO ANN	67,514
WASYLUK	MARLENE	50,402
WATERHOUSE	KAREN	60,212
WATLING	WANDA	61,859
WATT	DAVID	61,924
WATT	SUSAN	59,960
WEBB	JANE	63,888
WEBER	DAWN	51,835
WEBSTER	JAMES	67,701
WEEKS	ILA	63,624
WEIBEL	CAROLINE	60,404
WEILER	DR ROB	87,197
WEIMAN	RONALD	57,614
WEINBERGER	LILAH	72,823
WELFORD	DEANNA	54,084
WELLMAN	CAROLYN	61,729
WELTER	DEBORAH	50,416
WENC	BRIAN	81,807
WENKOFF	PATRICIA	60,242
WERBESKI	SHIRLEY	55,819
WERLE	JILL	71,154
WESSELS	DR MARIE-LO	68,188
WHEATLEY	JANE	51,504
WHITEHEAD	JACKI	56,011

Payee		Amount Paid ($)
WHITEHEAD	STEPHEN	152,316
WHITTARD	KRISTA	57,722
WIEBE	MARY LYNN	55,340
WIEBE	RITA	61,032
WIEBE	STELLA	63,801
WIEGERS	LOIS	63,182
WIEMKEN	VALERIE	61,974
WIENS	RENEE	53,246
WIGNES	MARILYN	60,251
WILDEMAN	VIRGINIA	51,844
WILL	BEV	56,434
WILLETTS	CARRIE	52,994
WILLIAMS	JANICE	61,035
WILLIAMS	MICKIE	66,715
WILSON	BARBARA	60,311
WILSON	GAIL	51,577
WILSON	MONIQUE	67,863
WILSON	TERRY	63,419
WINGERAK	DIANNE	50,782
WINTER	AUDREY	53,306
WINTONYK	DAWN	68,293
WIRTH	PATRICIA	59,365
WISMINITY	JOANN	76,384
WITT	DR JON	208,100
WOELK	CAROL	60,752
WOLDEHANA	AWLACHEW	99,522
WOLFFE	GERALDINE	56,194
WOLITSKI	WENDY	67,474
WONG	RUTH M	83,075
WOOD	KAREN	52,110
WOODS	MELANIE	64,045
WOODSWORTH	PAMELA	52,682
WORMS	JESSICA	52,247
WORTH	LESLIE	71,046
WOYCHUK	PATRICIA	57,857
WOZNIAK	PATRICIA	60,470
WRIGHT	DARLENE	58,646
WRIGHT	LINDA	52,185
WRIGHT	MICHELLE	62,443
WUNDERLICH	KENT	55,669
YAHN	KRISTIN	53,347
YANG	DR PETER	190,345
YANO	VALERIE	53,612
YAROSHKO	DELLA	51,968
YAYCHUK	DONNA	73,936
YEO	THERESA	60,001
YOUNG	LINDA	58,716
YUZIK	SUSAN	72,146
ZABOLOTNEY	KARIS	51,582

Payee		Amount Paid ($)
WHITING	BRENDA	60,534
WIEBE	COLIN	59,966
WIEBE	MAKINE	53,974
WIEBE	STAN	79,068
WIEBE	SUZANNE	54,429
WIELER	SHIRLEY	53,986
WIENS	CARA	55,075
WIESE	JENNIFER	51,331
WILD	MEREDITH	76,451
WILEY	VICKY	68,596
WILLARD	MYRNA	59,585
WILLIAMS	DARLENE	60,804
WILLIAMS	KERRY	53,444
WILLISON	LAURA	52,134
WILSON	BETTE ANN	61,382
WILSON	LAURENE	79,420
WILSON	RONALD	60,883
WINCHESTER	TONY	63,511
WINGROVE BURKE	DOREEN	59,246
WINTON GREY	PATRICIA	57,237
WIRCHENKO	JANET	80,897
WIRTZ	ELAINE I	59,674
WITT	BRYAN	57,344
WITTER	TRACY	60,254
WOELK	LILLIAN	63,551
WOLFE	BETTY	73,023
WOLFROM	MARDELL	65,460
WOLOSCHUK	DEBRA	58,363
WONG	SIEW MAY	64,403
WOODS	BRYAN	83,641
WOODS	MICHAEL F	51,409
WOOLLEY	NICOLA	55,004
WORMSBECKER	KAREN	50,833
WOURMS	MARIA	60,295
WOYTKO	HELEN	65,302
WRIGHT	BARBARA	65,685
WRIGHT	JUDITH	61,442
WRIGHT	MARGARET	53,741
WRIGHT	STEPHANIE	54,347
WUTTUNEE	THERESE	63,826
YAN	JIE	57,287
YANKOSKI	EMILY	55,342
YANOSHEWSKI	WENDY	63,128
YATSURA	ALARICE	58,328
YEE PARDOSKI	GAYLENE	52,606
YOUNG	BEVERLY	58,171
YOUNG	SHIRLEY	50,292
ZABA	EILEEN	72,145
ZACHARIAS	VIVIAN	67,173

Payee		Amount Paid ($)
ZAHARIA	MARILEE	70,026
ZAKRESKI	TRACY	56,656
ZAZULA	FAYE	57,775
ZENNER	TREENA	60,822
ZERR	JOANNE	75,095
ZIEBART	LINDA	59,704
ZIMMER	BRIAN	72,475
ZINCHUK	MELANIE	57,494
ZIOLKOWSKI	LAURIE	60,669
ZLIPKO	DR T	104,413
ZOERB	CHERYL	61,278
ZWINGLI	SHANTEL	50,480

Payee		Amount Paid ($)
ZAKALUZNY	TANYA	52,752
ZARYCKI	KRISTA	59,782
ZELMER	KATHY	63,188
ZENTNER	NEIL	50,539
ZHU	YING HUI	77,223
ZIELKE	KIMBERLY	59,981
ZIMMER	MAUREEN	56,878
ZIOLKOWSKI	DALE	68,245
ZIP	PATRICIA	51,065
ZMUD	LUCILLE	52,045
ZWIERZYNSKI	JUDITH	57,941

SUPPLIER PAYMENTS PAYEE DISCLOSURE LIST

The following is the supplier payment list. Payee disclosure requirements relate to payments made for the fiscal year reported in the Annual Report. The Saskatchewan Treasury Board determines the threshold requiring disclosure. The minimum threshold for the 2004-05 fiscal year was $50,000 for **payees** in all categories including: personal services, transfers, supplier payments and other expenditures.

Payee	Amount Paid ($)
ALCON CANADA INC	1,957,287
ALL-BRITE / HUB CITY	58,747
AMBULGEKAR, DR SHIV	549,353
AMS CANADA INC	92,250
ANAESTHESIA SERVICES	125,796
ARJO CANADA INC	138,031
ASSOCIATED HEALTH SYSTEMS	138,995
ASTRAZENECA CANADA INC	212,037
AUTISM TREATMENT SERVICES OF SK.	127,953
BAXTER	2,890,652
BAYLIS MEDICAL COMPANY	82,056
BECTON DICKINSON & CO LTD	119,513
BETHANY PIONEER VILLAGE	1,424,745
BIOMERIEUX CANADA IN	184,562
BIORAD LABORATORIES	101,880
BOSTON SCIENTIFIC LTD	1,973,762
BRATHWAITES OLIVIER	150,042
BRUNSWICK FILING SYSTEMS	89,721
BUNZL DISTRIBUTION	437,208
CADD:FM MANAGEMENT SERVICES LTD	66,855
CANADA LIFE ASSURANCE	80,024
CANADIAN CORPS OF COMMISSIONAIRES	252,383
CANADIAN MENTAL HEALTH	150,719
CARDINAL HEALTH	95,091
CARMONT CONSTRUCTION	471,844
CARVERHILL COUNSELLING	73,850
CENTENNIAL FOODSERVICES	180,372
CENTURY ROOFING & SHEET METAL	94,536
CIBC WOOD GUNDY	63,000
CITY OF SASKATOON	3,004,915
CLIFFORD ROSEN MEDIC	370,638
COLLEGE OF MEDICINE	4,350,132
COMMUNITY CLINIC	97,084
COMPASS GROUP CANADA	169,879
COMPUTRITION	202,206
COOK CANADA INC	1,075,907
CPDN/RCDP	3,915,098
CRONUS TECHNOLOGIES	62,423
CYPRESS SALES PARTNERSHIP	103,537
DEPT OF DENTISTRY	100,000
DICTAPHONE CORPORATION	110,153
DYNAMEX CANADA INC	352,663
EBSCO CANADA LTD	107,678
EDWARDS EDWARDS MCEWEN ARCHITECTS	53,108
EECOL ELECTRIC LTD	153,148
ENZON PHARMACEUTICAL	77,376
EXTENDICARE HEALTH SERVICES	2,949,311
FERRING INC	67,609
FRESENIUS MEDICAL CARE	594,649

Payee	Amount Paid ($)
ALLAN CONSTRUCTION COMPANY	52,306
ALL-BRITE ELECTRIC COMPANY	139,040
AMGEN CANADA INC	208,796
AMT ELECTROSURGERY	106,910
ANIXTER CANADA INC	59,906
ARROW MEDICAL PRODUCTS LTD	139,936
ASSOCIATED RADIOLOGISTS	4,922,045
AUDITORIUM HOLDINGS	150,222
BARD CANADA INC	497,722
BAYER INC	419,851
BECKMAN COULTER INC	1,597,192
BERZENA	94,469
BIOMED RECOVERY & DISPOSAL	250,109
BIOMET INC	272,359
BLOM CONSTRUCTION	89,545
BRACCO DIAGNOSTICS CANADA	151,525
BRISTOL - MYERS SQUIBB CANADA INC	455,226
BUCKWOLD'S LTD	57,836
BURLODGE CANADA	80,924
CALGARY HEALTH REGION	602,846
CANADA MICROSURGICAL	254,811
CANADIAN HOSPITAL SPECIALTIES	80,205
CAPITAL HEALTH	314,195
CARL ZEISS CANADA LTD	107,537
CARSEN GROUP INC	253,373
CEG ENERGY OPTIONS INC	1,946,019
CENTRAL HAVEN	199,047
CERNER CANADA	70,054
CITY OF HUMBOLDT	60,350
CLARK ROOFING (1964)	75,068
COAST PAPER	72,541
COLLIERS MCCLOCKLIN	482,990
COMMUNITY HEALTH SERVICES (SASKATOON)	478,674
COMPUSMART SASKATOON	309,527
CONVALESCENT HOME	137,205
COSMOPOLITAN INDUSTRIES LTD	83,174
CROCUS COOPERATIVE	180,743
CUDWORTH MEDICAL CENTRE	194,016
DAIRYLAND FLUID DIVISION	465,214
DEPT OF PEDIATRICS	128,517
DJ ORTHO CANADA INC	52,208
EARL'S PHARMACY LTD	274,310
ECHO MANAGEMENT CONSULTING INC	189,237
EDWARDS LIFESCIENCES	78,244
ELMWOOD LODGE	68,000
ESBE SCIENTIFIC	72,059
FEDERAL EXPRESS CANADA LTD	59,633
FISHER SCIENTIFIC	373,880
GAMBRO CANADA INC	513,979

Payee	Amount Paid ($)
GAMMA - DYNACARE MEDICAL LABORATORIES	1,677,266
GE TECHNOLOGY LEASING	1,551,339
GENERAL ELECTRIC CANADA	93,590
GENZYME CANADA	52,624
GN RESOUND CANADA	167,561
GRAHAM CONSTRUCTION	410,118
GREAT WEST LIFE	2,063,167
HANSEN'S AMBULANCE	221,548
HEALTHMARK LTD	124,088
HERTZ NORTHERN BUS	60,926
HILL-ROM CANADA	691,616
HONEYWELL	61,348
HOSPITALITY NETWORK	251,475
HSBC BANK CANADA	2,063,899
IBM CANADA LTD	972,279
IMPERIAL PARKING CAN	55,115
INAMED AESTHETICS	174,294
INTER MEDICO	116,078
INTERWEST MECHANICAL	79,254
JANSSEN-ORTHO INC	1,366,290
JOHNSON & JOHNSON	2,600,432
JUBILEE RESIDENCES INC	293,889
KCI MEDICAL CANADA INC	158,245
KETCHUM CANADA INC	50,395
KPMG MANAGEMENT CONSULTING	135,090
LABELLE, DR P	59,467
LACKIE, NANCY	65,970
LANGHAM SENIORS CITIZENS HOME	520,789
LIFESCAN CANADA LTD	221,700
LONDON LIFE INS CO	367,928
LORAAS DISPOSAL SERVICES LTD	102,339
MAMAWETAN CHURCHILL	65,564
MARSH CANADA LIMITED	1,383,022
MATHEW & CO LIMITED	133,749
MDS INC	1,615,309
MEDICHAIR	53,845
MED-OX DIAGNOSTICS	116,589
MEDTRONIC	2,077,509
MERCK FROSST CANADA	201,421
MIDWAY AMBULANCE CARE LTD	323,275
MINISTER OF FINANCE	2,125,736
MODERN JANITORIAL SALES AND SERVICES	164,325
MYTRAVEL / SINFONIA	71,257
NELLCOR PURITAN BENNETT	51,152
NIKON CANADA INC	55,505
NOVARTIS OPHTHALMICS	730,354
O C TANNER	122,713
ORTHO CLINICAL DIAGNOSTICS	141,302
OTIS CANADA INC	169,742
PENTAX PRECISION INSTRUMENTS	296,847
PERCY H DAVIS LTD	75,780
PFIZER CANADA INC	152,803
PHILIPS ELECTRONICS	445,293
PHONAK CANADA LTD	354,397
PML MICROBIOLOGICALS	68,140
PRAIRIE DISTRIBUTORS	111,988

Payee	Amount Paid ($)
GE MEDICAL SYSTEMS CANADA	261,07
GEMS IT CANADA	144,04
GENPHARM INC	86,50
GEORGE BAILEY COUNSELLING CENTRE	172,50
GOODWILL MANOR	52,89
GRAND & TOY LTD	1,164,18
GUIDANT CANADA CORPORATION	1,220,20
HEALTH SCIENCES ASSOCIATION	528,09
HEALTHMETRIX CANADA	50,97
HICKSON HOLDINGS LTD	105,05
HOLLISTER LTD	65,01
HORIZON COMPUTERS SOLUTIONS	440,6
HOSPITALS IN COMMON	153,7
HUMBOLDT AMBULANCE	408,4
ICD (INDEPENDENTS CHOICE DIST)	585,6
IN TRUST MACPHERSON	977,8
INSTRUMENTARIUM	92,6
INTER V-MEDICAL INC	66,2
INVESTORS GROUP	83,5
JB MEDICAL (BOWERS MEDICAL)	116,7
JOHNSON CONTROLS	53,9
KARL STORZ ENDOSCOPY	72,2
KEIR SURGICAL	106,8
KONE INC	52,9
KRAFT CANADA INC	56,7
LABORIE MEDICAL TECH	58,
LAKEVIEW PIONEER LODGE	112,
LANIGAN AND DISTRICT AMBULANCE	112,
LINVATEC CANADA	756,
LONDON SCIENTIFIC LIMITED	87,
M.D. AMBULANCE	3,390
MAQUET- DYNAMED INC	63
MARSHALL'S PHARMASAVE #429	94
MCKESSON CANADA	2,763
MEDICAL SYSTEMS	77
MED-I-PANT INC	103
MEDTEC MARKETING LTD	964
MENNONITE NURSING HOME	710
MICROSULIS CANADA INC	76
MID-WEST DEVELOPMENT	168
MISTER PRINT	9
MUSCULOSKELETAL TRANSPLANT FDN	6
NALCO CANADA CO	9
NEXINNOVATIONS	25
NOVA FACTOR INC	16
NOVARTIS PHARMACEUTICALS	10
ORACLE CORP CANADA INC	34
OTICON / PHONIC EAR	22
PCL MAXAM	8
PEPSI-COLA CANADA BEVERAGES	20
PESP	2
PHARMASYSTEMS INC	1
PHILIPS MEDICAL SYSTEMS	1,7
PILLING WECK CANADA	1
POSTAGE BY PHONE	4
PRAIRIE MOBILE COMMUNICATIONS	

Payee	Amount Paid ($)
PRAIRIE NORTH HEALTH	62,000
PROFORMA QUALITY SOLUTIONS	216,240
PUROLATOR COURIER LTD	96,942
QUALITY LIFE SERVICE	190,161
R S BASI MEDICAL DOCTOR CORP	56,933
RECEIVER GENERAL FOR CANADA	110,497,694
ROBERT PROSSER & ASSOCIATES INC	155,566
ROSTHERN AND DISTRICT AMBULANCE	327,592
SAHO	22,514,884
SASK PROPERTY MANAGEMENT	694,919
SASKATOON CRISIS INTERVENTION	358,183
SASKATOON HOUSING COALITION	603,750
SASKATOON PUBLIC SCHOOL DIVISION	54,068
SASKATOON UNITED WAY	53,733
SASKPOWER	876,813
SASKTEL MOBILITY CEL	274,946
SEIU LOCAL 333	2,312,798
SHEPP	39,331,495
SHRIKHANDE, DR.	76,526
SIEMENS CANADA LIMITED	774,689
SIROUNIS, DR HEATHER	50,061
SMITH & NEPHEW	682,415
SMITHWICKS PHYSIOTHERAPY	499,159
SOMAGEN DIAGNOSTICS	321,479
SOURCE	3,337,655
SASK REGISTERED NURSES ASSOCIATION	900,386
ST PAUL'S HOSPITAL	66,930
ST. JOSEPH'S HOME	375,269
STARBUCKS COFFEE COMPANY	207,327
STC URBAN FIRST NATIONS	557,252
STEVENS COMPANY	85,673
STRYKER CANADA INC	476,830
SUNRISE HEALTH REGION	60,550
SYNTHES (CANADA) LTD	529,668
TEX-PRO WESTERN LTD	242,894
THE CALDWELL PARTNER	70,130
THERAKOS	67,167
TOSHIBA OF CANADA LT	58,140
TRAFCO (CANADA)	87,877
TRICIFIC ENTERPRISES	79,387
TYCO HEALTHCARE GROUP	1,880,991
UNISOURCE CANADA INC	126,286
UNITRON HEARING	77,258
VARTY FLOORS LTD	97,116
VEMAX MANAGEMENT INC	160,490
VITAID LTD	61,546
VWR INTERNATIONAL LTD	320,706
WAKAW AMBULANCE	218,137
WARMAN MENNONITE SPECIAL CARE HOME	54,960
WESCO DISTRIBUTION CANADA INC	61,207
WRHA - HEALTH SCIENCES CENTRE	53,843
WYNYARD COMMUNITY CLINIC	193,889
ZIMMER OF CANADA LIMITED	2,835,919

Payee	Amount Paid ($)
PRAXAIR	265,094
PSS PENSION	84,545
QCC COMMUNICATIONS CORP	68,192
QUILL PLAINS AMBULANCE	196,347
RATCLIFFE-SMITH, DON	66,471
REGINA QU'APPELLE HEALTH	52,965
ROCHE DIAGNOSTICS	134,526
RUSSELL FOOD EQUIPMENT	61,839
SASK HEALTH INFO NET	80,571
SASK WORKERS' COMPENSATION BOARD	11,153,219
SASKATOON FAMILY SERVICE BUREAU	233,991
SASKATOON OB ANAESTH	1,959,618
SASKATOON RADIO CABS	74,786
SASKENERGY	922,104
SASKTEL CMR	2,979,195
SCHAAN HEALTHCARE PRODUCTS	4,532,577
SHAMROCK AMBULANCE	222,445
SHERBROOKE CHC	64,583
SIEMENS BUILDING TECHNOLOGIES INC	94,909
SIEMENS HEARING INSTRUMENTS	376,096
SISTERS OF SION	50,077
SMITHS MEDICAL CANADA LTD	169,329
SOFT COMPUTER CONSULTANTS	189,229
SORIN GROUP CANADA INC	439,275
SPH ER PHYSICIANS	106,784
ST JUDE MEDICAL CANADA	156,053
ST. ELIZABETH'S HOSPITAL	8,426,903
STANTEC ARCHITECTURE	106,024
STARKEY-CANADA LTD	415,447
STERIS CANADA INC	251,919
STRASBOURG & DISTRICT HEALTH CENTRE	192,619
SUN	2,418,543
SUNSPUN FOOD SERVICES	316,382
SYSCO SERCA FOOD SERVICES	2,241,041
THE ARCHITECTS COLLABORATIVE	89,339
THE STAR PHOENIX	52,454
THYSSENKRUPP ELEVATOR	168,648
TOTAL CARE	913,633
TRI STATE HOSPITAL SUPPLY CORP	106,595
TRUDELL MEDICAL	137,051
UCYCLYD PHARMA INC	193,972
UNITED CABS	79,730
UNIV OF SASK	9,749,338
VCM CONTRACTORS & ENGINEERS LTD.	207,398
VENTANA MEDICAL SYSTEMS	203,714
VITAL AIRE HEALTHCARE	360,590
W L GORE AND ASSOCIATES CANADA INC	94,516
WALTER CONSTRUCTION	83,671
WAWRYK ASSOCIATES LTD	100,473
WESTON BAKERIES LTD	70,337
WYETH	625,611
XEROX CANADA LTD	466,415

Saskatoon
Health
Region